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ADDRESSES.

"OUR ALUMNUS AND HIS MEDICAL ENVIRONMENT."

ANNUAL ORATION BEFORE THE ALUMNI ASSOCIATION OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA, 1888.

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MR. PRESIDENT, LADIES, AND GENTLEMEN: I need scarcely say to you that I am deeply grateful for the honors conferred upon me by this college—a school which, blessed with youth and energy, bore such an honorable part in the greatest gathering of medical men yet held on this continent.

Its professors devoted themselves to the patriotic duty of making our guests respect and admire this land we love so well, its people and its institutions; and while I am in no sense an orator, such as were those who have preceded me, I felt that I could not fail to respond to your call, if it were for nothing more than to express the general sentiment of gratitude to your honorable faculty, deeply felt by those connected with the organization and labors of the late International Medical Congress.

I do not suspect, Mr. President, that in your choice of speaker on this occasion you were influenced by personal considerations, but rather by your desire to compliment that larger body of medical men outside the walls of your college, and your city, who worked faithfully and earnestly to ensure the brilliant success of that great International Congress.

There is a tendency to depreciate medical science among those not very familiar with it, and to claim that it is not progressive as are other sciences; and this unprogressiveness is alleged as especially true of American physicians. Some of our ablest writers in harmony with this sentiment begin with an apology, notwithstanding the flattering dictum of Burton, who said that of the three professions, the clergy had the most honor, the lawyers the most money, and the physicians the most learning.

Perhaps the modesty (not to say meekness) with which our new and unregenerate countrymen should be stocked, would lead us to say with the French historian "that it is better to have a future than a past;" but yet, that we may be *en rapport* with the present, it is necessary to take a retrospective glance.

What a change has taken place in this city of Philadelphia, and in our country, since John Morgan and William Shippen founded the Medical Department of the University and began their lectures! To show the state of American medicine, then, we have only to let Dr. Morgan tell the story:—

"We may congratulate ourselves,"* he says, "that in this and some of the larger neighboring towns we have a number of skilful physicians and expert surgeons, qualified by genius, education, and experience, to take charge of the health of their fellow-creatures. Under these, it is the custom of medical students to enter as apprentices, in order to learn their practice and get an acquaintance with their profession. This, it must be allowed, is a great advantage; but if we add to it a casual conver-

* "A Discourse upon the Institution of Medical Schools in America," by John Morgan, M.D., Philadelphia, 1765.

sation, sometimes with the most able masters whom they can have access to consult—an intercourse with one another, and a reciprocal communication of sentiment and observation, together with reading what authors they can procure on the various subjects of which this science treats—these make the sum total of the best medical education in America.

"Never yet has there offered a coalition of able men who would undertake to give complete and regular courses of lectures on the different branches of medicine. . . . Young men who are limited to the present opportunities of improvement in America cannot enter upon the stage of action but with unfavorable prospects, and they must unavoidably be in continual perplexities."

Notwithstanding this gloomy view of the state of medical education as applied to the city of Philadelphia, Dr. Morgan drew a darker one of the condition of the medical men in the country:

"Let us now turn our views to the growing state of this and the neighboring colonies; let us reflect on the great number of inhabitants scattered through such an extensive tract of country who are destitute of all the aids of medical science.

"Let us consider, further, that in many large towns and villages there are a number of persons entrusted with the practice of medicine and surgery who, being destitute of all means of acquiring the true principles of their profession, remain in a pitiful state of ignorance in it, without any prospect or opportunity of correcting their errors or greatly improving their knowledge. We cannot, then, remain untouched with sentiments of compassion; we cannot avoid feeling a part of their distress, or forbear to wish that a remedy were found for so great a misfortune."

Dr. Morgan lamented the fact that young men must go abroad to attend medical lectures, and modestly hoped that he "might see, in some years, a number of gentlemen, natives of America, qualified to fill the most difficult and important parts of their profession with usefulness and applause." He also hoped that the medical instruction, "though small in its beginning, may receive a constant increase of strength, and annually exert a new vigor. It may collect a number of young persons of more than ordinary abilities, and so improve their knowledge as to spread its reputation to distant parts. By sending these abroad, duly qualified, or by exciting an emulation amongst men of parts and literature, it may give birth to other useful institutions of a similar nature, or occasional rise by its examples to numerous societies of different kinds, calculated to spread the light of knowledge through the whole American continent, wherever inhabited." Such was the statement of the existing condition in colonial times, and such were the hopes of the founder of the earliest medical school in America; and, if we look about us to-day, we see that medical education has reached a plane among us not dreamed of in the days of Morgan and Shippen.

The medical journal—that most valuable product of the century—brings the literary treasures of the old and the new world to our libraries, and the medical colleges in this country are now like the "little church around the corner"—they are ubiquitous. Indeed, there is sometimes a guarded statement made to the effect that there are even too many of them, that it is possible to have too much of this very good thing; and I have heard of late some earnest remarks from gentlemen connected with medical schools, where clinical material abounds, to the effect that there ought to be no medical colleges in towns too small to furnish a general hospital. That this view is not generally regarded with popular favor is shown by the fact that there are at the present time 127 medical schools in the United States, twenty-seven of which require three years' attendance upon lectures as preliminary to graduation. Some of these alleged schools have little more than a paper existence, but most all of them do some good in their way; and one would rather take his chances of treatment at the hands of the humblest alumnus of almost any of them than to be treated according to the route of Radcliff, Mead, or Sydenham. Still, the most enthusiastic medical optimist must feel a pang of pity when he sees an announcement of a medical college wherein not a single "professor" has access to a hospital, and where the only "long-felt want" that has been filled by the establishment of the new college is the void in the breasts of the professors.

There are colleges specially devoted to the teaching of medical eccentricities,—which is not astonishing when we reflect on the remarkable history of the spread of Thomsonianism, Perkinism, and Hahnemannism. There are at

present in the United States about 7000 practitioners of homœopathy," some of whom are true believers in the Hahnemannic moonshine, and there are eleven schools ostensibly engaged in the dissemination of that unspeakable nonsense. There are nine schools, so-called "eclectics," the lineal descendents of the Thomsonianism "root and herb doctors," and three schools teaching "physio-medicine," whatever that is; and it is doubtless only a question of time when we may have a university devoted to that newest craze yclepted "Christian science." This, the veriest midsummer madness of all, is now growing at the usual rate of progress of a mild pandemic, and its lesson teaches the medical man, as Hamlet taught Ophelia, that "be thou chaste as ice and pure as snow, thou shalt not escape calumny." In every age of the world, quacks of one or another sort have flourished; and no matter how skilful the average practitioner may become, it is quite probable, as the human mind is constituted, there will be charlatans, and food for their fattening, even to the end of time.

However, much has been done to advance the work of scientific medical education; and when so many of the older schools declined to lengthen their terms and to adopt the three-year course, then the starting of new schools, on the basis of a three-year college course, forced many of them into line, and in this direction your own college has borne a prominent and honorable part. Some of the colleges are still lagging behind in the march of progress, and some, having tried it, were forced to return to the two-year method; but the signs of the times point to the fact that it will be but a short time until no practitioner of medicine will send a pupil to a school where he may be graduated in two years. There are at present but twenty-seven schools where three annual courses of lectures are required as preliminary to graduation. Notwithstanding the admitted fact that there is yet much to be done to put the average of the medical schools on the highest plane, yet the general progress of medical science in this country has fairly kept pace with the sister sciences at home and medical science in Europe. One of the most tangible evidences of the great advantage to the world that has resulted from the general increase of medical knowledge is clearly shown by the increased longevity accorded to our times.

The recent investigations conducted by Prof. Humphrey, of Cambridge, on the conditions, habits, and family history of centenarians is very interesting. After mentioning the fact of the recent celebration of the one-hundredth birthday of the celebrated French savant Chevreuil, who, the same night, occupied the President's box at the opera; and that "a Chinese centenarian recently passed the examination which qualified him to enter the highest academy of mandarins," he summarizes the average centenarian's qualities as "precisely those which might have been anticipated, namely, a good family history; a well-made frame of average stature, spare rather than robust, with good health; little troubled with ailments of any kind, with good digestion; regular daily action of the bowels; active; capable of much exertion, with the restorative advantages of good, sound sleep, permitting or inducing early rising; good vocal organs; a good appetite moderately indulged, with little need of, and little consumption of, alcohol or animal foods; an energetic yet placid temperament; a good intelligence; the hair holding its ground and its color well; the organs of sight and hearing performing their functions well and long. Our centenarians afford, in short, good examples through life of the *mens sana in corpore sano*." Prof. Humphrey concludes that, while there is no royal road to the centenary period of life, "we see that it is attained under a variety of conditions, and that few persons can be said to be excluded from the prospect of it."

The biblical limit of three-score and ten, then, is gradually ceasing to be the limit, and the average age of mankind, always painfully near the beginning, has perceptibly lengthened in our day, owing, I think, to the better average knowledge of the causes of disease, the means to avoid it, and to the stamping out of epidemics. This knowledge must come originally from the medical profession, and when the Medico-Chirurgical College gives a diploma to our outgoing practitioner, in this year of our Lord, 1888, she certifies to much higher grade of qualifications than would have been the case even a decade ago. She has taught her missionary son more on the subject of the prevention of disease than would have been possible or necessary a few years ago, for, unfortunately, the dangers to human life increase with equal pace with higher general knowledge and in-

creased technical skill. Chemistry has opened new territory almost boundless, by which it is seen that our food and drink are poisoned with hitherto unknown compounds.

The progress of the mechanical arts greatly increases the dangers to human life, by the increased speed of travel, by the development of the knowledge of electricity, by engineering work under the earth, where men are placed under an air-pump, as in a caisson, a deep mine, or in a tunnel, and by new explosives which may bowl one out of existence so quickly that a second seems, by comparison, dateless as eternity.

To meet these new and ever-increasing dangers, preventive medicine, the newest branch of medical science, is bravely coming on, and no doubt these now present terrors will be rendered as harmless in the future as many calamities of the past have been rendered harmless by the ceaseless progress of the age.

There is no shadow of doubt remaining that cholera and yellow fever may be exterminated, not by inoculation or vaccination, but by cleanliness, which includes germ destruction and careful exclusion of fomites. It will be a glorious day for the human race when inspection officers find all ships entering their harbors are absolutely clean, and that they have sailed from a clean port. Then the great outlet to human life by pandemics will be estopped; and the day is not distant when the nation that sends ships to the shores of a friendly nation loaded with yellow fever or cholera will be held to as rigid account as if a ship of war had committed any other act of hostility.

This leads me to remark that the business of the sanitarian of to-day demands something more than to wage a war of extermination against the unfortunate microbe; and you are happy, Alumni, in being sent out in an age when medical institutions seek to make experimental research the corner-stone of the medical superstructure. It is in our day that the food-poisons have been discovered, such as tyrotoxicon and the deadly ptomaines; and if chemistry has pointed out these deadly agencies, she has not infrequently kindly supplied the knowledge to avoid them or to counteract their effects. It may well be, now and then, that some of the new discoveries in physical science have not a single redeeming feature; but they are to be received and treated as Milton has so clearly worded it in regard to new books: "A book," he says, "should be as freely admitted to the world as any other birth; and if it prove a monster, who denies but that it may justly be burnt or sunk in the sea?"

The sanitarian of to-day utilizes all the knowledge brought him by the special branches of medicine; there are few but teach him some important lesson in life-saving. The chemist, the properties of human environment, the effect of adulterants in air, in water, in food; the dangers of heating apparatuses, and the effects of illuminating agents. The pathologist teaches him the changes in human structure. The bacteriologist teaches him the causes of many diseases hitherto obscure or entirely unknown; he teaches him the means of propagation and development of the pathogenic germs. The surgeon regales him with disquisitions on preventible accidents, the diseases of overcrowding, and of camp-life. The obstetrician may, if he choose, tell the health-officer many a tale of sin and suffering due primarily to bad hygienic conditions; and even the chiropodist may inform the sanitary authority that the human foot is almost the worst abused of the members; and if we go beyond the pale of the medical profession for information we find that the tales of woe unfolded to the ear of the health-officer are indeed without end. And we may say that the business of the sanitarian is peculiar to our own times. It is true that the study of hygiene has been carried on from the earliest times, but it was by the dilettante, the lotus-eaters of the past. No such thought as that of public hygiene seems to have crossed the path of the ancient philosophers.

Some of the ancients, and in more modern times Cornaro and Sanctorius, studied it with a view only of personal longevity. Cornaro, who may be said to have been the original model on which Dr. Tanner in our day followed, actually prolonged his life to the age of one hundred and nine years by the most abstemious diet. Cornaro was a young Venetian nobleman, who had greatly impaired his health by intemperance and riotous living; but, being deprived of his estate and dignities, he left Venice and retired to Padua, at the age of forty, and then commenced, by the advice of his physicians, his regular habits of living, with the intention of attaining a very old age. His treatise "On a Sober Life," written at the age of eighty-three, he reissued twice, once at the age of eighty-six, and again when he was ninety-

five. He sustained himself up to the age of seventy-seven by eating twelve ounces of solids and drinking fourteen ounces of wine each day; but at that period, being thrown out of a coach, and having sustained two dislocations and many severe bruises, he was induced to increase the quantity. He then took fourteen ounces of solid food and sixteen ounces of wine each day. This increase, however, he complained made him so severely sick that he resumed his former allowance; but, after the age of ninety, he was not able to drink wine during the hot months of July and August.

Sanctorius, indeed, in his "Medicina Statica," laid down elaborate rules for increasing personal longevity. He it was who, while a professor of physic at Padua, invented that celebrated weighing-chair, by which he proposed to regulate his diet. He claimed to have discovered the exact amount of daily loss to the body by what he termed the insensible perspiration, and the sum of this loss, together with that from the more prominent emunctories, he proposed to supply. His chair was placed in front of his table, and was attached by a long rod to a pair of steel-yards in a chamber above; a spiral spring was placed in each of the four posts of the chair, in which while eating he seated himself; when the quantity of the food ingested reached the required weight, the posts overcame the springs and descended to the floor, whereupon the professor, being warned by this, immediately left off eating and arose from the table. It is somewhat dampening to the ardor of any desirous of repeating Sanctorius' method to know that, notwithstanding his cares, he died at the comparatively early age of seventy-five; but our good people, about all such matters, are apt to say with the poet:

> "Preach not to me your musty rules,
> Ye drones that mould in idle cell;
> The heart is wiser than the schools;
> The senses always reason well."

The idea of prolonging the lives of a whole nation, by proper sanitary regulations, is a modern one; nor is this statement invalidated by the reputed longevity of individuals among the ancients. It is easy to show that the general average duration of life among the ancients was much less than now. I examined, within a few days, the mortality statistics of Baltimore and the District of Columbia for the last decade, and was surprised to find evidence of an increased longevity even in that short space of time. I find that in Baltimore there were 513 persons died in the year 1877 who were over seventy years of age, out of a total of 7936 deaths, while in the year 1887 there were 842 decedents over seventy, out of a total number of deaths of 8372, the respective percentages being .064 and 10. The change in Washington is scarcely less striking. Thus, there were 415 decedents over seventy in 1877, out of a total number of deaths of 4103; and in 1887 there were 517 decedents over seventy, out of a total number of deaths of 3974, the respective percentages being 10 and 13.

DISTRICT OF COLUMBIA.

Year (Fiscal).	Total deaths.	Seventy and over.	Per cent.
1874	2610	209	.08
1875			
1876			
1877	4103	415	.10
1878 (9 mo.)	2683	252	.09
1879	3810	339	.08
1880	1406	372	.26
1881	1583	423	.26
1882	1637	494	.30
1883	1455	473	.32
1884	3643	443	.12
1885	2888	552	.19
1886	3974	517	.13

BALTIMORE, MARYLAND.

Year (Calendar).	Total deaths.	Seventy and over.	Per cent.
1877	7936	513	.064
1878	6733	583	.086
1879	7618	689	.090
1880	8043	670	.083
1881	8816	706	.080
1882	8923	781	.087
1883	9380	732	.078
1884	8293	777	.093
1885	8153	821	.10
1886	8339	732	.087
1887	8372	842	.10

The full statement by years is inserted for the information of the curious. It will be seen there is some variation, but the general tendency is clear.

It is no longer possible for an epidemic to cause the same widespread ravages as during the middle ages, when astrology was supposed to afford the key to their spread, for the doctrine of cleanliness is known of all men who read; and in the active governments of Europe, and in our own, public sentiment upholds the most despotic enforcement of sanitary regulations; and it may be safely stated that, in those countries where practical hygiene is at its lowest ebb, there the government itself is in decay.

Of course, I cannot here refer to that outrageous cholera-breeding spot, India, for it is only comparatively recently that the English have come into possession of that country; and while sanitary works are constantly going

on and steady improvement made, yet the native inertia persistently resists the attempts to purify their surroundings. The establishment of medical colleges at Calcutta, Bombay, and Shanghai, under English auspices, and the American medical college at Beyrût, will do more toward the destruction of oriental epidemics, by educating native physicians, than reams of sanitary laws that cannot be enforced; and thus we return to the place of beginning —our medical schools—as the initial point for the promulgation of measures for the physical improvement of our race, and that the well-educated medical man of our times is a credit to his school and a blessing to his country; but, while we glorify our own age, we must reflect that posterity will judge us very much as we have judged our predecessors, which fact should make us tender with the reputations of the physicians of the past, for at the worst they acted up to the light they had, but in many cases there has been no change in principles; and, as to the constant struggle for truth and knowledge, the seniors sought it as assiduously as the moderns, and in this direction thoughts, like the elements of matter, are indestructible. The Marian Oak has long since crumbled to Mother Earth, but its story on the printed page gives it a longer lease of life than nature alone can give a plant, albeit in another form; and although the voice of Dr. Morgan, pleading for higher medical education, has long been hushed in the silence of the grave, yet his thoughts, embalmed by the magic types, are as eloquently pleading for advancement now as when originally uttered; and those of us outside of Philadelphia, familiar with its history and its boundless hospitality, when thinking of this wonderful city and its glorious past, feel like exclaiming:

"Long live Philadelphia, the birthplace of the American Constitution; the Stars and Stripes! The city hallowed by the Continental Congress! The home of Franklin, the American philosopher!

"Long may this great city be revered in the hearts of the medical men of this country, as the city of Morgan and Shippen, Physick and Rush, Gibson and Dewees, Hodge and Meigs, Mütter and Pancoast, Chapman and Dunglison, Wood and Gross, and all that galaxy of distinguished men who have made American medicine famous throughout the world, while medical literature shall endure."

VALEDICTORY ADDRESS AT THE ANNUAL COMMENCEMENT OF THE MEDICO CHIRURGICAL COLLEGE OF PHILADELPHIA.

By Prof. THOMAS C. STELLWAGEN, M.A., M.D.

IN these days of scientific inquiry as to the position that the various created living beings occupy in their relations with the innumerable multitude of others that surround them, there are two propositions entitled to primary consideration. The first is formulated as "the survival of the fittest," and the Declaration of Independence affirms in its preamble "that all men are created equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty and the pursuit of happiness."

The pursuit of happiness is a term so general that it may be subject to some exception in individual cases where it is dwarfed into simple selfishness; but, in the aggregate, the average human being is to be taken as the typical form of the community of which he is an integral part.

Civilization has had the task of the adaptation of the forms of government so as to afford the most perfect enjoyment to the greatest numbers of people, and with the least restraints upon their original bents or lines of development. With success, under such conditions, comes surplus, and, with economy added, there follows reserve, energy, or riches. The advantages and the practical uses of fairly-distributed wealth are everywhere acknowledged as the means of attaining the leisure from bread-earning to indulge in study, which must precede and beget the true enlargement of the mental faculties, that will afford the greatest happiness to ourselves, our children and our race. To make this possible many adopt the plan of placing in trust for their children sums of money, which, by accumulation of interest and enhancement in value, at the time the children mature, enables them to smooth out many of the rugged obstacles in their paths. These savings are, in fact, just so much stored force, that, if properly guided, is a most important element of success.

The enlightened communities of the present day are rich in mighty palaces reared by various commercial enterprises, and among these one cannot fail to be impressed by the grandeur and beauty of those devoted to life insurance. Within the memories of most of us this form of

industry has grown from a small and at first insignificant seed to be now noticeable and important. The enormous amount of capital at the command of the companies formed to carry out the various systems of insurance indicate the magnitude of the solicitation felt for the security of the investment of the savings. Indeed, insurance is now a publicly approved duty, to accomplish which many deprive themselves of most luxuries, that they may in the future be spared from poverty and its attendant sufferings. In this attempt not a few have been rendered miserable and unhappy by the undue engrossment of their thoughts by their care to accumulate mere lucre. Health, with its blessings of happiness and power for withstanding the struggles of the lifetime, is too often neglected. Misery and degradation, the offsprings of temptation, frequently dog the footsteps of the wealthy, unless they be controlled by self-restraint and guided by intelligent, high and noble purposes.

The young man, starting upon his career in life, is called upon to choose into what channel he will aim to gain distinction. One of the most important studies is to learn to appreciate the motives of his fellows, and success will largely depend upon the ability to preserve one's own health and serenity of temper. Indeed, this plays a most important part to fit us to do with our individual powers the best that they may be capable of, and to pursue, uninterruptedly and unfalteringly, our highest purposes, thus to gain a crown of victory for our efforts for advancement.

Among the professions there stands none that can more assuredly mould and train the human mind for the highest attainments than the noble callings of the healing art. Even if viewed from the stand-point of present selfishness—which God forbid we should ever descend to—the healthy mind in the healthy body are the two great conjoined conditions that are surest to bear the sweetest fruits. Thus, whether it may be proposed to apply the acquired knowledge to our own selves, or to share it with others, there is nothing nobler than the thorough understanding of the human organism. The art of preserving, maintaining and renewing health will do more to insure happiness and success, in all earthly callings, than the inheritance of money and power. Therefore, the highest life insurance that one can effect is the comprehensive understanding of our science.

You are to be congratulated a thousand times that, while you have acquired a proficiency and ability in this honored profession, you are both more worthy and better able to support yourselves, and to care for and rear others to take your places when sickness or age overtakes you. No greater boon, no better preparation for work in any field can be secured for so trifling a cost. While institutions may fail and savings may melt away, the man with a healthy constitution and mind trained by such studies can take heart anew amid financial ruin and refrain from relaxation of his efforts for success. You most worthily possess the legitimate right to pursue a grand and useful profession, that must ever stand you in the hours of need and give you the power to sustain those who may enjoy your ministrations. While guiding others through the anguish of sickness, and even the agony of death, you can be constantly applying to yourselves the valuable and precious lessons you are learning.

Mingled with the feelings of the joy of the commencement season are those of sadness, from the thought that the pleasant associations and attachments formed are to be followed by the trials of separations. Thus it is ever with life; we find it checkered with sunshine and shadow, with pleasure and pain, with construction and destruction, with life and death. As the pathway of our studies has been through the veils of the mysteries of life, let us see if there is any comforting solution of this enigma. The initiated know all life to be subject to comparisons. Even good and evil seem to be indefinite terms, and history has shown that the lives of the patriarchs and many holy men, from King David to the present time, would not bear the same scrutiny and comparison with the standard of this age that they did when gauged by their contemporaneous codes of ethics.

The very bodies we occupy present the paradoxes that "in the midst of life we are in death;" that the more rapidly the microscopical globules of which our organs are constructed are cast out and replaced by healthy, new ones, the more perfect is the whole body. After somatic death these changes are so much slower as to be noticed in even the perishable muscular tissues, which during life are broken down and replaced probably every three months; yet they generally change less in the same time after death, if maintained at ordinary tem-

perate heat. Animal life, like that of nations, of states, of institutions, is dependent upon the constant renewal of older and worn parts. Death is a blessing second only to life, inasmuch as we know that if all the myriads of the living things that have inherited their shares of this earth should have continued their existence, we would now be stifling among the writhing masses of struggling anguish and horrible sufferings that such a hopeless life would entail where no death could come to relieve by ending it.

Further, we know that life in the higher forms must be protected by nerves, which act like electric alarms to warn against approaching danger and stimulate or control the muscular system for self-preservation. The more perfect forms of nervous systems, while they increase the acuteness of the pangs of pain, also lift us above the mere bodily torture to a real heaven-like submission, and add assurances of the more exalted enjoyments and pleasures to come.

You, my young friends, look forward with high and bounding hopes to a future here upon earth that at best is finite and fleeting. It is the privilege and comfort of the aged to have learned that this life is an embryonic, spiritual one, which, in the magnificent inspiration of St. Paul, does not quicken until the material envelope has died. Shape, then, your plans to do all good and well. Trust not to reap now, but prepare rather to garner hereafter. Let your praises of the Eternal Omniscient God be not alone from your mouths, but from your hearts. Follow as He has pointed out to you the way, and take no pain for the future beyond the determination to do the best in the present, knowing that, as you lay the foundation now, so will you as surely build; and, most of all, heed the responsibility of the inheritance you bequeath to your children, and even your great-grandchildren, who will partake of the glory or curses of your present lives.

To pursue an existence without a purpose must be as hollow and unhappy as it is aimless. Your very presence here to-night shows that you have set before you a high and noble ambition. That you have so brilliantly achieved the great step that has placed you among the medical fraternity is the cause of these formal and most sincere congratulations at the hands of your Alma Mater. To-night the Faculty of the Medico-Chirurgical College proudly expresses to you and to the world the confidence and the pride it feels in your proficiency, and the high trust it places upon your ability, integrity and sense of professional honor. By this diploma, that in formal phrases proclaims to the world, and all the peoples thereof, your satisfactory completion of all the courses of its curriculum, it places its reputation as a college in your hands, knowing full well that no safer or more secure investment can be made. Upon you, doctors, its alumni and its children, the sacred trust is made in the faith that you will all strive for its best good and highest advancement. What more sublime trust, what more intimate relation could be consummated? As the cares and trials of life gradually wear away the present devotees of the shrine of your Alma Mater, to whom can she more hopefully look than to her legitimate offspring for her support and the maintenance of her unsullied reputation?

Through all the ages, from the rise of nations from barbarism to enlightenment, the members of this profession have achieved fame in all the walks of life. As it has been poetically expressed, out of the night of moral darkness, through seas of blood, nations have ever risen to the sunlight of the highest civilization. Amid all these struggles the direction and piloting of these peoples has fallen often to the care of those best informed as to man's condition. Medicine points with a secure, just and laudable pride to the rolls of honor in all countries, upon which are inscribed the names of so many of her sons, from before the days when Confucius led the Chinese, from the time of Aristotle and Alexander the Great, to the present day, when Sir Morell Mackenzie seems to have saved the Crown Prince, and with him the peace of Europe.

Remember, then, gentlemen, that in your hands an emperor is a common peasant, and peasants are emperors.

GYNÆCOLOGICAL SOCIETY OF BOSTON. — At the annual meeting the following officers were elected: Dr. H. C. White, President; Dr. A. P. Clarke, Vice-President; Dr. W. S. Brown, Treasurer; Dr. H. J. Harriman, Secretary; Drs. J. F. Frisbie, H. O. Marcy and E. C. Kellar, Committee on Admission; Drs. E. W. Cushing and I. W. Starbird, Committee on Pathology.

ORIGINAL COMMUNICATIONS.

*SURGICAL DISEASES OF THE INGUINAL GLANDS AND THEIR TREATMENT.**

By Dr. WALTER B. PLATT.
BALTIMORE, M.D.

THE superficial glands interest us chiefly from a surgical stand-point, for they enlarge or inflame, from any lesion of the region in which their branches arise, the diagonal group in diseases of the prepuce or urethra, while the vertical cluster may be affected by any inflammation of the skin of the foot, leg or thigh. There is, however, no sharp line of division surgically, since we may see both groups affected by a sore in either of the above regions.

Until recently it was considered abnormal if any glands could be felt through the skin. It has, however, recently been shown by a careful German observer that in that country, at least, 90 out of 100 men, have palpable inguinal glands, larger or smaller.

After a short *résumé* of their structure, their function was said to be two-fold, viz., they alter the lymph current by adding leucocytes, and thus become genuine incubators for turning out these corpuscles. A second function seems to be to detain injurious germs on their way to the interior of the body long enough, in many cases, to exhaust their vitality and prevent serious general disturbance, even at the sacrifice of their own structure in an abscess.

Omitting malignant disease of these glands, buboes were classified as acute, and acute again divided into:

1. Simple.
2. Gonorrhœal.
3. Chancroidal.

The chronic into:

1. Any of the above may become chronic.
2. Syphilitic.

Acute Buboes.—These may be simple, due to herpes, balanitis, or to germs in the general circulation calculated to light up glandular inflammation.

They have the greatest similarity to gonorrhœal buboes, in being of short duration, causing little inconvenience, and in their tendency to subside spontaneously within two or three weeks or sooner. Moreover they rarely suppurate.

The *gonorrhœal bubo* is by no means a constant companion to gonorrhœa, although a severe case seldom runs its course without some enlargement and tenderness of the inguinal glands. This form of bubo appears usually within the first two weeks after the beginning of the discharge. If later, it is due to some complication. It is found just below Poupart's ligament, and toward its inner attachment. It usually involves one of the larger glands, and varies in size from that of a cherry to a pigeon's egg; although it may suppurate it rarely does so, and disappears after two to three weeks. In my notes of twelve cases of gonorrhœa, in five enlarged glands were present. In four of these the glands were tender as well.

We feel just beneath the skin of the groin a round or oval body, smooth and slightly movable. Sometimes they remain enlarged, although less tender, for months, and then call for active treatment. Now that the gonococcus of Neisser is generally recognized as the actual cause of gonorrhœa, we shall hear less about "sympathetic glandular enlargement" or "enlargement from irritation."

Chancroidal Bubo.—The acute chancroidal bubo is a consequence of the local venereal ulcer, and is simply a chancroid of the inguinal glands. It involves but one or two of these as a rule, and occurs once in three cases on an average, most frequently in feeble or neglected subjects. Such a bubo runs its course with fever. It is apt to suppurate quickly after adhering to the underlying skin. It may continue suppurating for an indefinite time, and in such a case soon involves the tissues of the groin. Some writers distinguish an ordinary from a virulent bubo, the latter being more active in its course and phagedenic in character. It is not unlikely that this is due to less resistance of the individual's tissues, or to an added germ destructive in its tendency. The pus from a chancroidal bubo, if inoculated upon the same or another individual produces simply a chancroid.

A chancroidal bubo may remain localized, or may extend over the lower abdomen or down the thighs.

A form of chronic bubo, as it presents itself in hospital practice, is the following:—

A patient comes with a history of a preputial ulcer of short duration; the glands in one or both glands are considerably enlarged, slightly

*Read before the Clinical Society of Maryland, March 2.

if at all tender; they cause inconvenience only by their size and liability to trauma. There is no evidence of syphilis, and the neighboring tissues are to be seen.

Another form is where such a bubo has suppurated, leaving a discharging sinus, which burrows up and down the groin, attacking several glands, cementing them and the infiltrated tissues about into a brawny mass with an ill-defined edge. In this may be two or three openings, which will discharge a thin pus for years, unless the surgeon interferes.

It is well known that the chronic buboes of syphilis rarely suppurate, although Jonathan Hutchinson, who maintains that, whatever may be the character of the primary sore, the chances are two to one in favor of syphilis, also believes that "an infecting (syphilitic) sore may cause suppurating glands, while the non-infecting sore may be attended by quite a moderate degree of enlargement of glands." When syphilitic buboes do suppurate, it is not unlikely that a preceding or coincident chancroid has left enlarged gland of low resisting power, which need but a slight added inflammation to cause them to break down. Ricord designates the chronic buboes of syphilis as the pleiades, since there is usually one large, with two to six smaller glands lying about it. These glands are indolent, painless, multiple, not matted together, and may be unilateral or bilateral; they appear about two weeks after the chancre, and last weeks or months; they finally disappear, after judicious treatment.

Treatment of Buboes.—The acute buboes of gonorrhœa, herpes, or balanitis, and the acute bubo of unkown origin, seldom suppurate, and require for their treatment little more than protection from friction or trauma, with rest in bed, for complete cure by resolution. In a subject liable to glandular enlargement elsewhere, they may suppurate, or remain permanently enlarged. If suppuration is inevitable, frequent poulticing, followed after a day or two by a free incision under antiseptic precautions, will usually bring about a speedy cure, rest in bed being maintained; sometimes the frequent application of an ointment composed of equal parts of glycerine and extract belladonna, seems to prevent suppuration. Ung. hydrarg. is much used in Germany with the same intention. A method largely employed in Roosevelt Hospital, New York, consists in the rapidly repeated passage of the thermo-cautery at a black heat over the bubo: this reddens the skin without blistering it or causing pain.

It is said to be very effective in causing the rapid disappearance of these buboes.

Another method, useful in subacute buboes, consists in the injection of 15 to 20 drops of a solution of carbolic acid, 1 to 60, in water and glycerine into the substance of the bubo. This should be repeated every second day and later every day, three to four times in all. I have tried this method in six or seven cases, and have seen the rapid disappearance of the glandular swelling in several of these.

After a reference to the antiseptic treatment of chancroidal bubo, the importance of constitutional treatment in syphilitic bubo, and the importance also of firm pressure by means of a sausage-shaped pad in almost all forms of chronic bubo (the pad being kept in place by elastic-webbing), excision of chronic buboes was discussed.

Excision of inguinal glands is best performed as follows: an incision is made over the most prominent part of the indurated mass, parallel to Poupart's ligament, extending to its extreme limits; the skin with the underlying fat is dissected up far enough to get around the abnormal tissue. If the glands alone are implicated remove them with the finger or the handle of the scalpel, unless too firmly attached, when the knife is to be used. If the neighboring tissues with the glands are involved, the entire mass ought to be dissected up when possible without injury to the larger vessels and nerves. Great care must be taken to avoid wounding the saphenous and femoral veins. The wound is not brought together by deep sutures, inserted far enough from the edges to secure a firm hold. If the ends of the sutures pass through ivory or lead plates, or, what are quite as good, large china buttons, the tension is divided and the wound better approximated. One or two drainage tubes are indispensible, and an antiseptic dressing must be applied over all.

It is important to do this operation antiseptically and secure union by first intention, since long-continued suppuration is the rule in wounds or abscesses of the groin treated in the old way.

Previous to operating the skin ought to be carefully shaved, cleansed with soap and water, followed by alcohol or ether, and finally with sublimate solution. The sinuses, if any are

present, should be thoroughly syringed out with an antiseptic solution. I have seen the most and rapid union after excision of inguinal glands done in this way. The dressings should be firmly bandaged in place by means of elastic webbing such as is used for suspenders. A disagreeable result of this operation, especially apt to occur where the region is deeply incised and scraping done, is sloughing of the scrotum. I called attention to this fact in an article in the *Philadelphia Medical News*, giving a report of four cases all operated on by different surgeons; also to the fact that it is not due to erysipelas, or to bagging of fluids in the scrotal tissues; nor is there any evidence that it arises from interference with the circulation in the scrotal pouch.

It may be due to injury of a large number of branches of the ilio-inguinal nerve, for these are directly in the track of the knife or sharp spoon.

INDIAN AND CAUCASIAN THERAPEUTICS.

By S. F. LANDRY, M.D.,
LOGANSPORT, IND.

THE flying fingers of the compositor, at his case, in setting and distributing type; the almost lightning-like rapidity of a musician's trained digits as he sweeps over the banks of keys; the marvelous touches of the telegraph-operator, type-writer and well-educated short-hand reporter prove almost incontestably that long and frequent use of certain organs begets a more or less inspired action far beyond the ordinary use of these well-organized instruments of labor. Who has not observed the unerring diagnoses of the long-experienced physician, surgeon and specialist? Experience awakens an almost unerring instinct in the savage, as in the civilized types of humanity. The Indian observes vitality in its ebb and flow, with all those delicate variations in action for which it is remarkable. These are not objects of savage scholasticism, but the wayside marks of an accurate, though casual and frequent observation. Slowly, surely, brilliantly, after three or four thousand years of observation and experiment, cocaine, ether, chloroform, etc., have been scientifically discovered. Empirical trial and test must be resorted to, at the last, to determine whether science is right or wrong in her brilliant discoveries! What, more or less, is the close observation and repeated trial of the red man, minus the Greek and Latin technicalities of his pale-faced brother's sciences? Not to provoke criticism, but to beget healthful thought and banish class prejudices against untried and untested, but successful, remedies is the object of this article. Difference in our modes of living, etc., must forever eliminate much that has been found good and useful in aboriginal surgery and therapeutics. But the wisdom of the red man is manifest in the external application of many remedies which are used internally by white men. The human stomach is not treated in so barbarous and often so thoughtless a manner by making it the recipient of all manner of poisonous and hurtful agents.

An old man, an acquaintance of mine, when a mere youth, lived among the Miamis. Having a severe abscess on his hand, his mother took him to an Indian wigwam for treatment by her neighbor-squaw. She disappeared in the brush for a few minutes and returned with a handful of crinkled roots, which were cleaned, pounded to a soft poultice, and applied to the painful hand. Seeing that the squaw took the pains to clean the leaves and tops before returning, he watched her on the following day, and, on comparing notes with his father and mother, discovered she had given him the roots of the common ladies' slipper, or Cypripedium pubescens. The relief he experienced was simply complete and wonderful. In three days, instead of requiring a painful lancet or bistoury to be sent down through the thecæ and having a wound to heal afterward, the abscess disappeared.

Indians often use the Actæa racemosa in a similar manner for swellings, sores, and painful gatherings, instead of giving it internally. I once knew a lady who was rendered so prostrate and helpless that her life was despaired of by all her friends, simply by taking internally an unusual dose of the so-called Cimicifuga racemosa. It is a well-known fact that the actæas are poisonous and must be used with much care. The Indians use it externally with great success in deep-seated thoracic and abdominal complaints, especially in those where suppuration is indicated as taking place in the lungs, liver, bowels and pleura. Perhaps many of my medical brethren will recall a widely advertised remedy for catarrh, bronchitis, consumption, etc., a few years ago by Dr. Palmer, of New York. "Macratayn Syrup" it was

called, a good pharmaceutical preparation; but it proved, like many remedies before and since, of little value in curing consumption and advanced bronchitis.

Aralia racemosa, or spikenard, is another remedy used as a poultice or external medicine by the wild tribes of America. I have never seen it fail when used as a poultice in incipient mammitis, or gathered breast, in a nursing woman. The Indian squaw merely cleans the roots and beats them into a soft pulp. My method has been to boil, after cutting and shredding, a double handful or more, in four times the bulk of water down to one-third; strain and add hops, or hop tea, about an equal quantity; boil again and add wheat bran enough to make two or three good poultices. Apply a warm poultice and change it before it cools. Keep this up for twenty-four hours and the breast is saved. An agreeable chewing gum gathers on the surface of the Aralia racemosa, which can be collected and utilized as such, or made into an excellent healing salve. It is a good balsamic, aromatic healing wax, or gum. I separated a very nice specimen of this fawn-colored gum from the boiling tea of spikenard roots in August, 1875. Its weight in air was 23½ grs.; in water, 2⅛ grs.; sp. gr. 1103. This was in its fresh or undried condition. This remedy once held a high place, in the border households, as a remedy for coughs, colds and insipient consumption. The Indian carries the root and chews it, swallowing the saliva saturated with the medicinal qualities. The pale face uses it in substance, decoction, infusion, tincture, syrup and extracts. The red man's method does not argue a more scientific use from superior knowledge, but it simply tells of a closer observation.

Witch hazel was used by the Indian women, or squaws, for uterine hemorrhages, when they had them, which, of course, was a rare occurrence. They bathed in its tea for strength and vigor during gestation, and at child-birth, or labor, used it to check floodings. Its internal use was countenanced only in diarrhœas, intestinal and nephritic bleedings. If any physician will take the trouble and time to analyze the ashes of the common beech tree, leaves or bark, he will be astonished at the abundant salts of the alkalies present therein; neither will he be incredulous, after a fair trial, as to its power, in the form of a strong decoction, to ease pain, reduce swelling and abate inflammation, especially in the legs, feet and arms, where a bath of the decoction will readily reach the seat of the trouble. I once succeeded in reducing the pain and swelling in a severely threatened femoral abscess, after two skillful surgeons had failed to give any ease or relief with blisters, mercurial plasters, etc., simply by resorting to a poultice made of hops, beech bark and bran. A subsequent use of the long exploring needle near the centre of the rectus femoris muscle caused the abscess to point there and saved the hip-joint from a permanent destruction or a life-long anchylosis. Beech-bark poultice and a timely use of the needle cured this seemingly inveterate case of coxalgia.

Catnip is chewed by the Indian and the juice swallowed for gastralgia from over-eating or for splenical pain in the side from over-exercise; but the squaws assert that its tea administered to babies too often causes thrush. Hydrastis, taraxacum, blue-ash bark and sanguinaria are favorite aboriginal remedies. They claim that blue-ash bark chewed to a soft, pulpy condition and applied to a recent rattlesnake bite will extract the poison and prevent dangerous consequences. It must be applied several times, in quick succession, fresh portions each time. The patient must also chew and swallow the saliva impregnated with the strength of the bark or leaves. The bark, however, is preferred. The white man's fiery alcoholic tinctures are rejected. They drink the whiskey, or diluted alcohol, by itself when they want fire-water, but seldom use it as a medicine.

"Old Gray Squirrel," a Pottawatomie chief, would test for consumption by making his patients chew "popelo" herb, after fasting, and then spit in a basin of water. The specific gravity of the sputa determined whether he would treat the case or not. "Popelo" was his name for a species of Western hypericum common to the prairies and barrens, and seldom found anywhere else. It had a red stem, yellow flowers and opposite leaves. He seldom failed to cure pseudo-consumption, or nervous debility. He administered a syrup of spikenard, wild cherry, skunk cabbage, poplar bark and black snakeroot (Aristolochia serpentaria). He gave them in some cases as a "bitters," with good brandy as an excipient or base. He sometimes gave Cornus Florida, Inula, and birch bark. His method for rheu-

matism was to burn a nine-foot brush heap, and, when the ashes cooled down to 98°–100°, then dig a hole deep enough to receive the patient, who was enveloped in a blanket, with a cold towel on his head, and given snakeroot tea and a teaspoonful of brandy every fifteen minutes till a free perspiration was induced. He then dashed cold water on him, as he took him out, rubbed him dry, put him to bed and gave snakeroot and brandy till it was all sweated out of the system. This course was generally the sequel to a twenty-four-hour fast, before the calido-terraqueous bath was used. In less than a month he cured the worst cases. An Arkansas planter paid him once five hundred dollars for curing a favorite son who had been pronounced incurable by his home physician.

When but a mere boy I used the Aristolochia tea and the warm bath to excite perspiration in my sister's case. She had been given up to die—from pulmonic abscess, a sequel to lung-fever—by three of the best physicians in Dayton, Ohio. They thought, after trial, that she could not be made to perspire. Dr. Green, the family physician, a sixty-year-old practitioner, was both pleased and surprised at the result, and my sister recovered.

A CASE OF OBSTINATE INTESTINAL OBSTRUCTION BY HONEY-COMB.

By F. A. LONG, M.D.,
MADISON, NEB.

ON the night of November 10th T. R. C., aged 47, was suddenly attacked with severe colicky pain in the lower abdominal region, the pain radiating from the right inguinal space as a centre. He had not felt as well as usual for a week, but had without discomfort been able to attend to his daily work as a farmer. He is inclined to be dyspeptic, and had been subject to a mild form of habitual constipation for many years; but his bowels usually moved every other day, and he had an evacuation on the day previous to his sickness. He has had two attacks of cholera morbus, the last one a year ago. He is an eccentric person, which manifests itself in his mode of living, and especially in the dietary of the family, which consists almost wholly of the ordinary farm products, *e.g.*, if they make no butter they use none; if they raise no wheat they use no wheat flour.

I was called on the 11th, and, finding him suffering severe pain, I gave a hypodermic of morphia. I found that he had vomited twice during the night (the contents of the stomach only), and, having felt as if a movement of the bowels would relieve him, had taken half a dozen injections of warm water, but without result. His breathing was short; pulse rather strong and about 90; temperature but slightly above normal; abdomen slightly tympanitic, and considerable tenderness existed in the right inguinal region, both on light and deep pressure. I used injections of warm water with soap, and also with salt four or five times, injecting each time all he could retain, and admonished him to retain it as long as he could. Nothing was ejected but a few granular masses, which were small, like pebbles, yellow, and so light that they floated, passing away with the water, which also had a yellow hue. Though I had, in a medical career of five years, seen five cases of torsion and invagination, with the usual result, death (this section seeming peculiarly prone to these accidents), I was unable to determine whether this was a case of obstipation with colic or strangulation. However, as the peculiarly agonizing expression of the countenance and weak, thready pulse seen in strangulation was wanting, I decided to give a cathartic, and left podophyllin. I also left a solution of morphia, directed hop fomentations to the abdomen, and two injections in the evening. Next day I found him as before. The stomach had rejected the podophyllin and the injections had brought away nothing. I again resorted to injections five times, with the same result as the day before, excepting that in addition to the yellow, granular masses streaks of mucus were noticed in the water. Since I first saw him he had grown no worse, and I was strengthened in my belief that there was no strangulation. Accordingly I gave two drops of croton oil, directed a continuation of the previous treatment, and left. He vomited the oil before I got a mile away from the house. On the third day he was perceptibly weaker, but otherwise unchanged. The injections were repeated four times, with no better result than before. Nearly three days having passed without any stercoraceous vomiting served almost to preclude the possibility of strangulation, and yet the pain and tenderness continued in the iliac space. I now satisfied myself that the yellow granular masses that came away with

the injected water were pieces of honey-comb, and that my patient's bowels were obstructed with honey-comb. The man pays some attention to bee culture, and they had put away thirty gallons of honey, mostly in the comb, for table use. Their cows being dry, they were without butter, and honey was therefore used in great abundance. The honey was assimilated, and the comb or wax, under the influence of the body heat, had probably formed a conglomerate mass, impervious to and insoluble by water. I now prescribed

℞. Magnesia sulph. . . . ℥ij.
Acid. sulph. arom. . . ℥iij.
Aqua . . . . ad. ℥viij.
M. Sig.—Teaspoonful every half hour.

I made the dose small for three reasons: the irritability of the stomach, to keep the patient interested in the medicine, and because I was now satisfied that the trouble could not be remedied by violent means any sooner than by this method. I directed the use of as little of the morphia solution as the patient could possibly get along with, and the use of injections and fomentations as before. On the fourth day he felt easier, and on the fifth night he passed volumes of gas and a perceptibly larger quantity of the granular masses. On the sixth night a free evacuation took place, consisting, as the wife reports, almost wholly of a substance resembling honey-comb, after which the pain gradually disappeared, and in a week, though still sore, he was able to come to town.

Here, then, is a case of impaction that resisted the most thorough and persistent efforts at irrigation. From thirty to thirty five times water was injected, in quantity from a pint to three pints, and retained from ten minutes to three hours, which, I presume, nobody will doubt was thorough irrigation. It does not seem to me that the impaction can explain the pain, tenderness and tympanitis. From the amount of wax passed, it appears that it had been accumulating for some time without materially affecting the passage of the other contents of the bowels until the date of this attack.

This case is reported to show a perhaps unheard of cause of impaction, and also to show one of the types of cases that puzzle us younger members of the profession.

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RECOVERY FROM POISON BY A LARGE DOSE OF SULPHATE OF ATROPIA.

By R. S. MARTIN, M.D.,
STUART, VA.

ON March 19, by mistake, one-half gr. of sulph. atropia was administered hypodermically to a prominent gentleman of a neighboring town. The physician, who stands well as a professional gentleman, called at the drug store and, says he, asked for one gr. cocaine. The druggist, also horoughly reliable, competent, and a perfect gentleman, says he called for one gr. of sulph. atropia. This latter was weighed, labeled, and given to the physician. It is not the object of this paper to say where the blame rests, but to give the medical facts to the professional world for its benefit.

The physician carried the medicine to his office and made a solution by adding 20 drops of water; 10 drops of which were given his patient by the hypodermic syringe. This was between 10 and 10.30 A.M. The gentleman went from the doctor's office to his home, which was in the same town. He soon complained of a peculiar sensation in the head as though he were intoxicated, with inability to direct the movements of the limbs. His symptoms growing worse, physicians were called, who found the usual symptoms of belladonna poisoning,—dilated pupils, dryness of the fauces, etc. This was about 12 o'clock, nearly two hours after the hypodermic injection was given. The patient was by this time unconscious, and the prospect of recovery was gloomy, indeed.

The treatment, as near as we could learn, was as follows, viz.: Sulph. strychnia $\frac{1}{60}$ gr. hypodermically (which was repeated as the case demanded), the electric battery, artificial respiration. Hypodermics of alcohol were used as often as thought necessary; and, last but not least, the drug which the physicians think saved their patient's life was nitrite of amyl. When the pulse and respirations were so feeble as not to be perceptible by sight or touch, a few drops inhaled from a handkerchief would act almost like magic in keeping these two vital functions in action until the deadly drug could spend its power. The patient remained unconscious for four hours, semi-unconscious for two hours, but by 6 or 6.30 P.M. he was considered out of danger, and he has made a good recovery. The man is a lawyer and a hard worker, of a rather nervous temperament, and for twelve

months or longer he had been taking, almost daily, tinct. hyoscyamus when his condition would require it. Much credit is due the physicians who attended his case for their ability and faithful attention. We feel proud we have such in this part of the Old Dominion. How many cases on record have recovered from this size of a dose? I would be glad to hear from the profession on this subject. I will report to your journal any communications that I may receive, if it is of interest to the profession.

SELECTED ARTICLE.

SULPHUR IN DIPHTHERIA.

By H. VALENTINE KNAGGS, F.R.C.S., L.R.C.P., LONDON, ENGLAND.

THE remarkable antiseptic properties of sulphur have been recognized from the remotest periods. Homer refers to the use of this body as a disinfectant of undoubted value both in the "Iliad" and the "Odyssey." In writings of many of the ancient authors who followed after Homer similar allusions are made in much the same terms. From the time of Pliny to the present day sulphur has been used almost universally as a disinfectant, and has successfully withstood the test of ages. If this mineral had not possessed the germ-destroying virtues attributed to it, it would have long since been consigned to oblivion. When burnt in a room that has been occupied by a person suffering from any specific fever, it is generally preferred, even at the present time, to other disinfectants. By its agency contagia are effectually destroyed. The further spread of the disease is prevented.

Through atmospheric and other influences similar germs may accumulate to a dangerous extent in the human body, vitiating its secretions and diminishing or destroying its vitality. Contagious or infectious diseases, such as diphtheria, small-pox, whooping-cough, and others are now known to be produced through the instrumentality of bacteria, etc. These germs are given off with the secretions and exhalations of affected persons. Apart from the living body, we know that they can be thoroughly destroyed by the vapor or solution of sulphurous acid. It is, therefore, reasonable to suppose that the appropriate administration of this well-known antiseptic (sulphur) would prove equally efficacious in disinfecting or destroying these same forms of lowly-organized vegetable life when they have become located in the tissues, fluids, and cavities of the animal economy. This mineral slowly volatilizes, even at the ordinary temperature of the atmosphere, and emits nascent vapor of sulphur. This evolution takes place very readily indeed at the temperature of the human body. By such treatment the exciting cause of the disease is obviously removed.

The treatment of diphtheria by pulverized preparations of sulphur has been in vogue for upwards of thirty years. As far as I am able to gather, it owes its origin to a remarkable coincidence. About the year 1858 a number of French physicians were forcibly struck with the decided similarity existing between the vine-mildew and this disease. The vine-mildew was originated by the ravages of a fungus, termed oïdium Tuckeri. It caused great destruction among the grapes. The only known remedy to check its devastating course was the local application of powdered sulphur, which was blown freely over the diseased plants. Acting on the supposition that the diphtheritic deposit was caused by a kindred species of mildew affecting the animal kingdom, these physicians employed the same process of "sulphuring" in order to arrest the progress of this very fatal complaint. The success of the treatment would certainly lead us to believe that the resemblance was more than a passing one.

All European observers who have had any experience of this method of treatment speak decidedly as to the great utility and specific properties of this mineral in combating the ravages of diphtheria. Opinions are, however, conflicting as to the most appropriate manner in which it should be exhibited. A few words on the different methods that have from time to time been resorted to may appear apposite.

The forcible blowing of sublimed or precipitated sulphur directly upon the affected parts has still many votaries, and has probably been more resorted to than any other plan. The sulphur is projected into the throat either by means of an ordinary quill or tube, or by a properly constructed insufflator. Many of the older advocates of this process treated their cases almost exclusively by such means. Dr. Barbosa, of Lisbon, for example, subjected this plan of local medication to a thorough

trial. He commenced his observations in 1867. In his memoir of 1874 he states that he has used sulphur successfully in eighteen concurrent cases of laryngeal diphtheria. In his practice he resorted to insufflations every three or four hours, or three times a day, according to the severity of the case. The application was not well borne at first, as it provoked cough and vomiting, but was subsequently renewed when this had subsided. More recently Dr. Schnyder employed insufflations of sublimed sulphur on the plan recommended by Dr. Alb. Lutz, of Wurzburg, in 1870. Dr. Schnyder has employed this treatment without a single failure for seventeen years. He applied the insufflations every two, four, or six hours by means of a tube, blowing the powder freely over the parts. He considered the precipitated sulphur, or milk of sulphur, to be worthless, and thought it absolutely necessary to employ the sublimed form.

It will be readily acknowledged by those who have tried insufflation that it is a very unpleasant and trying process, especially for children and sensitive or nervous adults. There can be no difference of opinion relative to its employment in diphtheria affecting the nasal and upper pharyngeal passages. Its continued use in such cases may be regarded as absolutely necessary to complete a cure. When blown into the throat, however, it provokes cough, excites nausea, and even vomiting, while it at times greatly distresses the sufferer. Insufflation is a modified form of local application. The powdered drug is applied directly to the seat of the disease.

The proportion that finds its way into the stomach is to my mind scarcely sufficient in quantity to effect very rapid improvement of the general febrile symptoms, which originate from the septicæmic condition of the blood. Indirectly by arresting the spread of the local mischief, the sulphur beneficially influences and impedes the further progress of this blood-poisoning. At the same time any further extension of the growth is prevented.

It is my firm belief that insufflations are of the greatest service in diphtheria. Previous records alone prove this. I do not myself employ them unless the posterior nares, or the nasal cavities, have become implicated by any extension of the fungoid growth from the throat. I have found the internal use of small doses of sulphur suspended in a viscid mixture to answer every purpose, with the least possible amount of distress to the patient, and with equally uniform certainty. If administered at very frequent intervals, and slowly swallowed or sipped, such a mixture plays the same part as the insufflated powder. It clings to and acts upon the leathery growths in a like manner. The mixture can be taken in any quantity. By its absorption into the system the febrile symptoms are rapidly allayed, and the contagia present in the blood and tissues of the body effectually destroyed.

Local applications containing sulphur suspended in water and various menstrua have been resorted to on various occasions to destroy diphtheritic growths. Remedies of this kind are either applied topically to the affected parts or used as gargles.

Henry Meymott, medical officer of the Ludlow Union workhouse, writing to the British Medical Journal in 1881, says that "the local application of sulphur has proved its efficacy in an epidemic of diphtheria in the workhouse. The benefits thus obtained locally may be assisted by the internal administration of the drug as an assistant purifier of the blood."

The employment of sulphur gargles has been a very favorite form of treatment for many years with the non-medical world in Great Britain. A teaspoonful of the flowers of sulphur is stirred up in a wineglassful of water, and the throat repeatedly gargled with the mixture. With respect to the use of sulphur in this manner the following statement is certainly a remarkable one. It went the round of many of the English weekly periodicals about the year 1878. I extract this from the "Scientific and Useful" column of the Family Herald:—

"A few years ago, when diphtheria was raging in England, a gentleman accompanied the celebrated Dr. Field on his rounds to witness the so-called 'wonderful cures' which he performed, while the patients of others were dropping on all sides. The remedy to be so rapid must be simple. All he took with him was flowers of sulphur and a quill, and with these he cured every patient, without exception. He put a teaspoonful of flowers of brimstone into a wineglass of water, and stirred it with his finger instead of a spoon, as the sulphur does not readily amalgamate with water. When the sulphur was well mixed

he gave it as a gargle, and in ten minutes the patient was out of danger. Brimstone kills every species of fungus in a man, beast and plant in a few minutes. Instead of spitting out the gargle, he recommended the swallowing of it. In extreme cases, in which he had been called just in the nick of time, when the fungus was too nearly closing to allow the gargling, he blew the sulphur through a quill into the throat, and after the fungus had shrunk to allow of it, then gave the gargle. He never lost a patient from diphtheria. If a patient cannot gargle, take a live coal, put it on a shovel, and sprinkle a spoonful or two of flowers of brimstone upon it; let the sufferer inhale the fumes, and the fungus will die."

The internal administration of sulphur was much resorted to by the pioneers of this treatment. It was often used in conjunction with insufflation. The usual plan adopted consisted in giving one large dose, which was repeated if necessary. Dr. Duché, for instance, employed this medicine internally in this manner in 1858, and advised its use as a preventive among non-infected persons. Dr. Lagauldin, another French observer, several years afterward gave "a soupspoonful of sulphur sublimatum mixed with a little water."

Six years ago, in conjunction with my father, I began to use sulphur as a remedy for diphtheria. It was at first given in the various ways that have from one time to another been recommended. During this period of time seventy-five cases have been treated solely by this drug in our practice. In no instance did a fatal termination occur. Complications and sequelæ also were but rarely noticed. An account of these results was published in the Provincial Medical Journal in 1885, and I subsequently brought out a small pamphlet on the subject. In this brochure I endeavored to set forth a short account of the prior history of this method of treatment, and described the particular mode of administration that I hold to be the best suited to this complaint.

It is far from my intention to decry in any way the judicious employment of insufflations, gargles, and maximum doses internally. I have, however, come to the conclusion from practical observations that the most uniform results are to be obtained by the use of small doses given at frequent intervals.

It has been my endeavor to find a suitable vehicle for the exhibition of this remedy. Water can hardly be considered to answer our requirements because of the rapid subsidence of the particles. Mucilage, with or without syrup, appeared to answer well as a menstruum, but the mixture decomposed in the course of a few hours. For preparing the sulphur mixture glycerine will certainly be found the most satisfactory body to use. This fluid is antiseptic. One part to ten of water is stated to preserve animal substances equal to spirit. A mixture made with glycerine keeps well. This addition, according to my belief, greatly enhances the efficacy of the sulphur. The formula that I now use by preference is as follows:—

℞. Precipitated sulphur (pure) .	ʒiss.
Chocolate powder . . .	ʒj.
Cinnamon water (concentrated 1 in 40)	fʒj.
Glycerine to make	ʒiij.

Mix the powders together in a mortar, then gradually add the glycerine, with constant trituration, and lastly the cinnamon water. If kept in tightly corked, sealed, or stoppered bottles, this preparation will keep well for a very long time. It of course requires shaking before use. The mixture is remarkably palatable, and is readily taken both by children and adults. Each drachm contains about three grains.

Sig.—One-half to one teaspoonful to be taken every hour or oftener. The dose should vary according to the age of the patient. The mixture ought to be continued for at least five days, but at less frequent intervals after the severity of the symptoms has abated.—*Therap. Gazette.*

THERAPEUTIC NOTES.

A NEW REMEDY FOR HÆMATURIA.

A man fifty years old came to me on account of finding blood in his urine. He had the same trouble two years previous, and had been treated with ergot, tannic acid, etc., by our best practitioners, without benefit. The first attack ended after a month's duration. The attack began four days before I saw him. The last examination of the urine showed nothing abnormal except blood and slight trace of albumen; physical examination of patient negative. I concluded that the hæmaturia was functional, analogous to certain cases of nose-bleed, and decided to give him a

general tonic and a renal stimulant. On the evening previous to his appointment with me he attended a Masonic supper, and took, contrary to custom, some rum pudding, which cured his hæmaturia completely, and prevented me from prescribing. He has remained well since.—Dr. J. A. Gage, in *Boston Med. and Surg. Journal.*

MALARIAL HÆMATURIA TREATED BY RECTAL ALIMENTATION.

Dr. Richard H. Day, of Baton Rouge, La., reports the case (N. O. Med. and Surg. Jour., Feb., 1888) of a boy, aged 10 years, who had had repeated attacks of intermittent fever, but now has malarial hæmaturia and fever—as high as 105°—and stomach so irritable as to retain neither food nor medicine. Hence he prescribed 15 grs. quinine, 15 drops tincture of digitalis, and 5 drops spirits turpentine, made in two tablespoonfuls of emulsion—to be given as an enema and repeated every four hours. Applied over the stomach, blistering tissue. Four enemata were given and retained, and the pulse fell, as did also the temperature. The blister also drew well. Bloody urine stopped next day, but treatment was continued except the blister. Food was gradually given by the mouth, and enemata were discontinued; but quinine was given by stomach, as also calomel and other medicines to meet the indications. Half ounce of quinine was given in 48 hours per rectum, and retained. The doctor thinks this is about the first case on record where a virulent disease has been systematically and almost exclusively treated by rectal medicines and carried to a successful termination.—*Virginia Medical Monthly.*

INFANTILE DIARRHŒA.

Dr. W. H. L. Hale (Polyclinic) recommends:—

℞. Bismuthi salicyl.	.	ʒij.
Tr. capsici	.	gtt. xij.
Spts. ammon. aromat.	.	fʒiss.
Pulv. acaciæ	.	ʒij.
Aq. cinnamomi	q.s. ad	fʒij.

M. Sig.—Teaspoonful every two hours, for a child from three months to one year of age.

MENTHOL IN OZÆNA.

℞. Menthol (in fine powder)	.	ʒss.
Ammon. chlor.	.	ʒiss.
P. acid, boracic	.	ʒj.

M. Sig.—A pinch to be taken frequently.—Dr. Beehag, in *Edinburgh Med. Jour.*

TREATMENT FOR DIPHTHERIA.

Internally give every two hours a tablespoonful of the following:—

℞. Lemon juice	100 gram.	(ʒiiiss).
Sulph. soda	3 "	(gr. xlv).
Chlor. sodium	3 "	(gr. xlv).
Honey	20 "	(ʒv).
Ext. cinchona	2 "	(ʒss).
Phenate soda	1–2 "	(gr. xv–xxx).

Evaporate in the chamber Renon's solution, as follows:—

℞. Acid. phenic	5 gram.	(gr. lxxv).
Acid. benzoic	2 "	(gr. xxx).
Acid. salicylic	1 "	(gr. xv).
Alcohol. rectif.	40 "	(ʒxss).
Aquæ	2 litres	(qts. ij).

—Dr. Moure, of Paris, in *Revue Mensuelle de Laryn. d'Otol. et de Rhinol.; Medical Times.*

ACUTE BRONCHITIS.

℞. Potassii citratis	.	ʒj.
Syrupi ipecacuanhæ	.	fʒj.
Succi limonis	.	fʒij.
Aquæ	.	ʒiij.

M. Sig.—Two teaspoonfuls every three hours.—*Medical Times.*

PULMONARY TUBERCULOSIS.

℞. Creasote (pure)	.	5 parts.
Alcohol	.	100 "
Balsam of Peru syrup	.	" "
Water	.	" "

M. Sig.—One tablespoonful.—Prof. Enrico de Renzi, in *Il Morgagni.*

CHRONIC BRONCHITIS.

℞. Ammoniæ muriat.	.	ʒj.
Ex. euphorbia pil. fld.,		
Tinct. digitalis	āā	fʒiij.
Atropiæ sulph.	.	gr. $\frac{1}{70}$.
Chloroformi	.	gtt. xij.
Syr. tolu,		
Syr. picis liquid	āā q.s.	fʒj.
Aquæ	ad q.s.	fʒiv.

M. Sig.—One teaspoonful every three hours.—Dr. T. J. Mays.

CONSTIPATION.

℞. Magnes. sulph.	.	ʒj.
Acid. sulph. dilut.	.	fʒij.
Ferri sulph.	.	ʒj.
Aquæ	.	Oij.

M. Sig.—A wineglassful t. d.—*College and Clinical Record.*

COCAINIZED LANOLIN IN BURNS.

℞. Cocaini mur.	.	1 part.
Bism. subnit.	.	2 parts.
Lanolini	.	20 parts.

—*Buffalo Medical Press.*

EPILEPSY.

R. Potassii iodidi . . . ʒj.
Potassii bromidi . . . ʒj.
Ammonii bromidi . . ʒiiss.
Potassii bicarbonatis . . ℈ij.
Infus. calumbæ . . . fʒvj.

M. Sig.—A teaspoonful before each meal, and three teaspoonfuls at bed-time, with a little water. —BROWN-SEQUARD.

SCABIES.

℞. Naphthol . . . grm. v–x.
Gum soap,
Precipitated chalk,
Washed sulphur,
Lanolini . . . āā grm. xxv.
—LASSAR, in *Med. Progress.*

DIPHTHERIA.

℞. Acidi salicylici . . . gr. viij.
Olei eucalypti . . . fʒij.
Glycerini . . . . fʒviiss.
Alcohol . . . . fʒiij.

M. Sig.—For local use, every hour.—*Revue de Clinique et de Thérapeutique.*

BRONCHITIS.

℞. Potass. citrat. . . . ʒj.
Suc. limonis . . . . fʒiss.
Syr. ipecac. . . . . fʒss.
Tr. opii camph. . . . fʒiij.
Syrupi . . . q.s. ad fʒiij.

M. Sig.—Dessertspoonful every two hours.—*Therapeutic Gazette.*

DELIRIUM TREMENS.

℞. Potass. bromide . . . ʒij.
Hydrate chloral . . . ʒiij.
Ext. hyoscyami . . . gr. ix.
Aq. destil. . . . . ʒvj.
Ext. glycyrrh. . . . ʒvj.

M. Sig.—One tablespoonful every two hours until sleep follows.—*Medical Summary.*

BOILS AND CARBUNCLES.

Dr. Elias Wildman, of Yardley, Pa., uses the following with excellent results:—

℞. Ferri citras. . . . ʒij.
Kali iod. . . . . ʒiij.
Liq. potass. et arsen. . . ʒij.
Aquæ . . . . . ʒij.
Syr. sarsa. comp. . q.s. fʒviij.

M. Sig.—Dessertspoonful in water after meals and at bed-time.

PLEURISY.

℞. Tinct. aconiti rad. . . . ʒss.
Tinct. opii . . . . . ʒss.
Elix. simp. . . . . ʒij.

M. Sig.—Teaspoonful every two hours.

FOR VOMITING IN PREGNANCY.

℞. Ingluvin . . . . ʒij.
Pepsin . . . . ʒiij.
Zinci oxidi . . . . gr. iij.
Cerii oxalatis. . . . ʒij.

M. Sig.—Divide into twelve powders. Take one before each meal.—*The Medical World.*

CORYZA.

℞. Morphiæ hydrochlorat. . gr. ¼.
Acaciæ pulv. . . . ʒj.
Bismuth. subnitrat. . . ʒiss.
Althæ pulv. . . . ʒiss.

M. Sig.—Use by insufflation in nares.

℞. Amyli pulv.,
Acid. boric.,
Tinct. benzoin. . . āā ʒiiss.

M. Sig.—Triturate, sift and dry. Add one and a half grains morphis hydrochlorat., if deemed advisable.—VIGIER, in *Journal de Médicine.*

ECZEMA.

℞. Olei cadini (vel rusci) . . ʒj.
Olei olivæ . . . . ʒj.
Lanolini, pur. . . . ʒiss.

Or,

℞. Olei rusci . . . . ʒj.
Zinci oxidi . . . . ʒj.
Olei olivæ . . . . ʒj.
Lanolini, pur. . . . ʒiss.

M. Sig.—For dry, scaling eczema.

Or,

℞. Acidi boracici . . . ʒj.
Olei olivæ . . . . ʒi–ij.
Lanolini, pur. . . . ʒiss.

—*Zeitschrift für Therapie.*

WHOOPING-COUGH.

℞. Tinct. opii . . . . . ♏vj.
Tinct. gelsemii . . . ♏xij.
Tinct. sanguinaria . . ʒss.
Syr. pruni Virginianæ . . ʒiss.
Syr. simp. . . . . ʒiss.

M. Sig.—Teaspoonful every two or three hours.

AN ANTISEPTIC GARGLE.

The Union Médicale credits Muller with the following formulæ:—

℞. Thymol . . 3½ grains.
Benzoic acid . 45 "
Tinct. eucalyptus 180 "
Water . . . 11,250 "

At bed-time the teeth are to be cleaned with powdered soap and a brush, and then the mouth can be rapidly sterilized by gargling for half a minute or a minute with the solution.—*New York Med. Jour.*

BENZOATE OF SODIUM IN URÆMIA.

℞. Benzoate soda . . . . ℈iv.
Glycerine . . . . ʒss.
Aquæ menth. p. . . . . ʒiss.

M. Sig.—Teaspoonful every hour or two for an infant.—*Weekly Med. Review.*

MIXTURES FOR THE TREATMENT OF RHEUMATISM.

Dr. J. M. Chaplin, of Bowling Green, Ohio, writes to us recommending the following formulæ:—

1. *For Acute Rheumatism.*

℞. Salicylic acid (from oil of wintergreen) . . . . ʒiv.
Sodium bicarbonate . . . ʒv.
Peppermint water . . . . ʒiv.
Potassium citrate . . . . ʒij.
Wine of colchicum seed . ʒiv.
Syrup . . . . . to ʒviij.

Sig.—Half a tablespoonful every three or four hours.

2. *For Subacute Rheumatism.*

℞. Potassium citrate . . . . ʒj.
Essence of lemon . . . . ʒiij.
Syrup . . . . . ʒij.
Tincture of chloride of iron . ʒiij.
Water . . . . . to ʒiv.

Sig.—A teaspoonful, diluted with water, to be given every four hours.

When malarial poisoning is suspected, Dr. Chaplin adds about half a drachm of liquor potassii arsenitis to either mixture.—*N. Y. Medical Journal.*

MENINGITIS.

℞. Tinct. aconiti rad. . . . ♏viij.
Chloral hydrat. . . gr. xvj.
Syr. simp. . . . . ʒj.
Aquæ . . . . . ʒj.

M. Sig.—Teaspoonful every two hours.

CATARRHAL JAUNDICE.

℞. Sodii sulphatis . . . . ʒiss.
Magnesii sulphatis . . . . ʒiss.

M. Ft. charta No. xii.
Sig.—One powder in water every three hours.

ASTHMA.

℞. Ext. belladonnæ . . . . fʒss.
Potassii iodidi . . . . ʒij.
Aquæ . . . . . ʒij.

M. Sig.—Teaspoonful every two hours.

CHRONIC PHARYNGITIS.

℞. Ext. collinsonia . . . . fʒss.
Ext. hamamelis . . . . fʒss.
Elix. simp. . . . . ʒiv.

M. Sig.—Dilute a small quantity and use as a gargle every day.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . . ♏xvj.
Potassii acetatis . . . ʒss.
Syr. simp. . . . . ʒj.
Aquæ . . . . . ʒiij.

M. Sig.—Teaspoonful every three hours in water.

INFANTILE CONSTIPATION.

℞. Hydrarg. chlor. mite . . . gr. j.
Resinæ jalapæ . . . . gr. x.
Sacch. alba . . . . . ʒss.

M. Ft. charta No. xx.
Sig.—One powder night and morning.

SUBACUTE RHEUMATISM.

℞. Vini colchici rad. . . . ʒss.
Tinct. stramonii . . . . ♏xx.
Syr. simp. . . . . ʒiss.

M. Sig.—Teaspoonful in water every three hours.

BILIARY COLIC.

℞. Morphia sulph. . . . . gr. iss.
Tinct. belladonnæ . . ♏xx.
Ext. dioscorea villosa . ʒss.
Syr. simp. . . . . ʒj.

M. Sig.—Teaspoonful every half hour until relieved.

INFANTILE PNEUMONIA.

℞. Tinct. veratri viridi . . ♏iv.
Vini ipecac. . . . . ʒss.
Syr. tolu . . . . . ʒj.
Syr. simp. . . . . ʒj.

M. Sig.—Teaspoonful every two hours.

PUSTULAR ECZEMA.

℞. Ext. belladonnæ . . . gr. v.
Plumbi carb. . . . ʒij.
Ung. zinci oxidi benz. . . ʒij.

M. Ft. ungt.
Sig.—Apply daily after removing the crusts and scales.

FLATULENT COLIC.

℞. Tinct. capsici . . . . ʒss.
Chloral hydrat. . . . ʒj.
Spts. vini gallici . . . ʒiij.

M. Sig.—Two teaspoonfuls every half hour until relieved.

HOARSENESS.

℞. Tinct. belladonnæ . . ♏xvj.
Potassii chloratis . . ʒss.
Aquæ . . . . . ʒij.

M. Sig.—Teaspoonful every two hours.

INCIPIENT PHTHISIS.

℞. Tinct. sanguinaria . . ʒj.
Creasoti . . . . . ʒss.
Egg Harbor wine . . . ʒxxxij.

Sig.—Wineglassful after meals and at bedtime.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, May, 1888.

THE CHASKA MARRIAGE.

PROBABLY no episode in private life has ever excited more lively displeasure among medical men than the recent marriage of Miss Cora Belle Fellows, formerly of Washington and now of the Cheyenne Agency, in Dakota. Miss Fellows, in face of opposition and advice, has married an ignorant Sioux Indian whose acquaintance she made while teaching at the Agency. Chaska, the bridegroom, is said to be a hopelessly depraved person, with neither mental, moral nor physical merits; yet this American girl has allowed a senseless and ignoble infatuation to induce her to become his wife. According to the newspapers, the case is all the more disgusting in view of the fact that Miss Fellows is said to have thrown herself at the Indian's head; but that point is not material. The feature of such a marriage which is most interesting to physicians is that it is counter to all physical laws, and ought never to have taken place. Observation has shown that the mingling of races is the worst thing for posterity; quite as bad, in fact, as consanguineous marriage. We have long been of the opinion that the generations to come should be protected from physical blight by legal interference. Persons suffering from a possibly hereditary disease have no moral right to bring children into the world, and curse them with physical weaknesses that render their lives one long misery. Nor have any two human beings a right to contract a marriage which will give their offspring a weaker moral or physical hold on the blessings of life than they themselves enjoy. A woman has no moral right to marry a drunkard or rake any more than she has a right to marry a consumptive or a man inflicted with hereditary insanity. It is not mere racial prejudice that opposes the marriage of the negro and white man. Entirely apart from the almost certain mental degeneracy of the progeny of such parents stands the fact that the children of such marriages are notoriously of weak and often imperfect physical development. The same is true of the marriage of an Indian and a white; in fact, of any two persons of widely different race. The Indians are perhaps most objectionable of all people. As a class, they are more frequently and terribly afflicted with venereal taint than any other people in the world. As to physique, they have nothing to boast of beyond the average quota of health and development that comes of a life spent out-of-doors and largely given to exercise. We pass over all considerations that bear upon the mental outrage done to the children who are born of such unions; but we must reiterate our conviction that such marriages are violations of a law whose infringement ought to be held as criminal.

THE SCOTCH OATS ESSENCE.

THE plausible claims made for a seductive new compound advertised as "Scotch Oats Essence" have met with such ready credence from the public that the merits of the article ought certainly to be considered by the physician, who is the custodian of public health. Dr. Eccles, a Scotchman whose curiosity was piqued by the name of the preparation, has made a careful analysis of it. His report, which agrees with that of another prominent chemist, is embodied in a condemnatory article in the Druggists' Circular (New York, April, 1888). According to Dr. Eccles, "Scotch Oats Essence" contains a dangerous amount of morphine, and consequently he considers it a very injurious article. This fact being established by Dr. Eccles' analysis, it is evident that "Scotch Oats Essence" ought never to pass into general use, as it contains a substance strongly inimical to public health. The compound is advertised by its proprietors as being specially adapted to the needs of those who are worn-out or worked up, sleepless, nervous, etc., or in need of "a special tonic or reconstructive," as some one says. The idea is vastly taking. It is a presumption upon an old theory that the standard articles of diet whose use is a

part of preventive medicine might be concentrated into a remedy. As the Circular puts it: "From this pleasant idea of a food that serves as a medicine in ordinary cases the transition is easy to a belief in the efficacy of a medicine derived from food, when the case becomes extraordinary."

This is the great danger. The favor shown oatmeal as an article of diet inspires faith in any substance said to be derived therefrom. There is danger of unquestioning acceptation of this "Essence," which is being so well pushed by its proprietors, but which is shown by Dr. Eccles not to be a pure essence—quite the contrary. Evidently, the inventor of "Scotch Oats Essence" (we cannot call him a discoverer) has a diabolical sort of cleverness. We never remember of any article having been so adroitly advertised or having had a more seductive name. These facts, coupled with the knowledge that this alleged essence is primed with opium, call for prompt action on the part of the profession. This compound should be energetically denounced. The attention of the public hygienists should be called to it, and every possible individual effort should be made to deter persons from the use of an article which is said to be not only lacking in all the medicinal powers claimed for it, but has the additional objection of being actively poisonous.

"ROUGH ON RATS."

OUR able contemporary, The Provincial Medical Journal, of Halifax, England, has taken up the cudgel against the much-advertised vermin-destroyer, "Rough on Rats." This compound, which is now widely sold throughout the civilized countries of the world, is known to consist largely, if not entirely, of strychnine. The extremely poisonous character of "Rough on Rats" being freely promulgated, the substance has attracted the attention of such uneasy minds as may contemplate suicide and are yet at a loss to procure the poison they covet. A package of "Rough on Rats" simplifies the whole matter. The number of deaths of late years caused by this deadly poison, which is sold without restriction, is something terrible to contemplate. In our own experience, there was a case of suicide several years ago by "Rough on Rats," and, in reviewing the details of that case, we cannot help feeling that the publicity given it by injudicious newspapers did not contribute in any way to the discouragement of imitators. The idea of taking "Rough on Rats" for suicidal purposes has undoubtedly been contagious. It would be impossible for us to state how many deaths have been caused by this substance, but the personal recollections of our readers will bear us out in claiming that they have been quite numerous. The Australian Chemist and Druggist reports five deaths and one attempt at suicide in the colony by "Rough on Rats" in less than a month's time. An English lady who came to this country in January last spoke only the other day of the frequency of suicide by "Rough on Rats,"—a circumstance which has already attracted her attention. But the facts call for little comment. It is undoubtedly true that this substance is frequently used for suicidal purposes, and yet is freely sold by druggists and dealers to any one whatsoever. We think that such latitude as this is hardly consistent with the spirit of the law relating to the sale of poisonous and destructive things. It seems to us an emergency which calls for vigorous and prompt action.

ANTI-VIVISECTION METHODS.

SOME months ago we published in THE MEDICAL BULLETIN a most excellent address by the President of the Anti-Vivisection Society, which has brought forth the following comments from the editor of The Therapeutic Gazette, April, 1888:—

"There has appeared in one of the Philadelphia medical journals a most remarkable paper coming from the pen of the president of the American Anti-Vivisection Society as his address delivered at the annual meeting January 30, 1888. We are rather surprised that a medical journal should print with commendatory notices an article so abusive of many men who lead medical thought in the world, so false and misleading in many of its statements, and so well calculated to advertise its author and to stir up strife against the medical profession. To libel a living man is bad enough, but to libel one dead is worse, and

the false statement that Dr. J. J. Woodward was not a vivisector appears to us libellous. One of the most extraordinary circumstances about this thing is that the author of such an article, and the president of a society whose avowed intention is to suppress vivisection, should have the audacity to publish in another medical journal an account of an experimental research on animals made by himself almost within a few months of the time when he stands on a public platform to indulge before a popular audience in such a tirade."

We can only add that THE MEDICAL BULLETIN is a liberal journal, open for the expression of the views of all educated physicians. We have always considered this the only fair and upright way of conducting a journal which will represent or give representation to the various opinions of the day. If the editor of The Therapeutic Gazette is an avowed disciple of vivisection he should at least endeavor to give the opinions of others and let the readers of his journal judge who is right or wrong.

Dr. Blackwood, the president of the Anti-Vivisection Society, in his address referred to, in no way reflected upon the late Dr. Woodward, or in any way libeled others. The address was a manly, considerate argument based upon scientific research, and reflected much credit upon the Society and their President. We have too many good scholars and scientific workers in the medical profession at the present time for one man, or even a few, as too often has been the case, to conclude to judge for every one. The journalist of to-day should therefore always give the opinions of every one and not permit his readers to be biased by his own views, as has too often been the case by the editor of The Therapeutic Gazette.

CORRESPONDENCE.

ANTI-VIVISECTION METHODS.

EDITOR MEDICAL BULLETIN:

Dear Sir:—Under the above title the Therapeutic Gazette for April, in the course of a stupid and mendacious attack on me because of my address before the American Anti-Vivisection Society recently, terms the demonstrations I made in proving electricity to be a humane and merciful means of inflicting the death penalty on criminals an "experimental research made upon animals." My paper in the Medical and Surgical Reporter* shows the above statement to be simply an untruth. If the editor of the Gazette will take his chance, I will be glad to subject him to a current of electricity such as was used, *but of only one-tenth the intensity*, and if he accepts my services I will guarantee that he will do no more vivisection for a hundred years to come, and that he will also know the difference between "experiments" that torture animals, with which he is abundantly familiar, and a merciful method of ending life instantaneously when it is right and proper to take it, of which he is profoundly ignorant. To encourage him I will give bonds not to kill him.

Sincerely yours,

W. R. D. BLACKWOOD, M.D.

246 NORTH TWENTIETH STREET.

MEDICAL NEWS AND MISCELLANY.

RUSH MONUMENT COMMITTEE.—The Rush Monument Committee met at Cincinnati during the meeting of the American Medical Association.

A WOMAN called at a doctor's office a few days ago, and, discoursing about her ailments, said: "I think I'd be all right if I took an epidemic."

LADY (who has a sick husband): "Don't you think, doctor, that you ought to bleed my husband?" Doctor (absent-minded): "No, madam, not until he gets well."

STATE SANITARY CONVENTION.—A convention will be held under the auspices of the Pennsylvania State Board of Health, May 17 and 18, at Lewisburg, Union County, Pa.

THE Senatus of Aberdeen Uuniversity have conferred the honorary degree of LL.D. on Charles Douglas Fergusson Phillips, M.D., London, who is a graduate of that university and a fellow of the Royal Society, Edinburgh.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA.—At the regular annual meeting, held on April 3d, the following officers were elected for the ensuing year: W. W. Johnston, M.D., President; W. W. Godding, M.D., and C. W. Frazoni, M.D., Vice-Presidents; Geo. C. Ober, M.D., Secretary; and S. S. Adams, M.D., Treasurer.

RECEPTION TO DR. HAMILTON.—Prof. William H. Pancoast gave an informal reception to Surgeon-General John B. Hamilton, at his residence, 1100 Walnut Street, Philadelphia, last Saturday afternoon. A large number of promi-

*Electricity as a Means of Inflicting the Death Penalty through Process of Law. December 10, 1887. (Philadelphia.)

nent members of the profession were present to meet Surgeon Hamilton and offer him their congratulations upon his successful efforts in behalf of the Ninth International Medical Congress.

Dr. W. R. D. Blackwood delivered an interesting lecture, entitled "Sleep," before the Stetson Literary Institute, on Monday, April 9th last. The audience was a large one, and the solos by Miss Stone, together with a number of selections by the orchestra, led by Mr. St. Clair, added to the pleasure of the occasion. The doctor has been asked to give another address.

Electrical Treatment.—Dr. Alloway reports in the Canada Medical and Surgical Journal for April that electricity in the treatment of neuralgic pain in women acts like a charm. In facial neuralgia, with or without severe headache in thin, anæmic women, or during the advent of the menopause, he has had good results with the high tension current of the long, fine wire of faradic electricity. Also the use of the same current in pelvic neuralgia, applied to the interior of the uterus by the bipolar method of Apostoli.

Dr. Bradnack on the Quacks.—Dr. Bradnack's clever satire on the Quacks, entitled "Dr. Case's Handbill," contains the following lines:—

"A boy gulped down a silver dollar,
I took him gently by the collar,
(With grief his mother's heart was wrung);
I dropt a powder on his tongue,
And in five minutes from that time
He vomited a silver dime,
And soon threw up upon the floor
(I counted them) just nine dimes more!
And that boy's mother gave to me
Those same dimes for my moderate fee."

The Sanitarium.—"The Eleventh Annual Report of the Managers of the Sanitarium Association of Philadelphia" shows a deficit in the treasurer's account of $1686.34. This is owing to the extra expense of the removal of the Sanitarium to Red Bank, New Jersey, where it has better quarters and enlarged facilities. This deficit might easily be made up by subscriptions, if those who are able would kindly interest themselves in the needs of this excellent institution. Any contributions can be sent to Dr. Eugene Wiley, Treasurer, 330 Reed Street, Philadelphia, Pa.

Western Pennsylvania Medical College.—Thursday, March 24, 1888, was a cheerful occasion for many friends of the Western Pennsylvania Medical College in Pittsburgh. The Grand Opera House was crowded with those on hand to extend congratulations and to aid in commemoration of the Second Annual Commencement.

Thirty-four graduates received the Degree of M.D., being an increase of exactly fifty per cent. above last year's number. After the invocation by Rev. Dr. Cowan, the Valedictory Address was delivered by Prof. James McCann, president of the Faculty; next an address by the First Honor man of the class, Dr. W. S. Plotner.

In the evening, at the Seventh Avenue Hotel, Faculty, Alumni, and guests to the number of one hundred and fifty partook of some of the "good things" of life. The post-prandial toasts were responded to in the happiest way by Dr. Thomas McKennan, of Washington; Dr. Stewart, of Erie; Dr. Ferree, of the Class of '87; Dr. Botkin, of the Class of '88: by Prof. Lange, of the Faculty; Joseph Albree, Esq., of Allegheny City; Rev. Dr. Cowan, and others. The reunion was thoroughly enjoyed by all, and fitly closed the second successful year of this new medical college.

New Members of the Medical Society.—At the regular meeting of the Camden Medical Society, Thursday night, Prof. John V. Shoemaker, M.D., editor of The Medical Bulletin, of Philadelphia, was elected an honorary member and Dr. J. M. Ridge an active member of the society. A vote of thanks was tendered to Prof. Shoemaker, who recently contributed a valuable addition to the society's library, consisting of monthly issues of several medical journals and copies of interesting medical works. The thanks of the society were also extended to the members of the Vesper Orchestra for their valuable services in the entertainment given recently at Morgan's Hall in aid of the Camden Dispensary.

Water-Gas.—The Committee on the Philadelphia Water-gas Question recommended the adoption of the following, which was indorsed by the College of Physicians:—

Whereas, The College of Physicians of Philadelphia has learned that it is proposed to furnish the citizens of Philadelphia with illuminating gas consisting of two parts of coal-gas and one part of water-gas,—a mixture which would probably contain at least about 15 per cent. of carbonic oxide; and

Whereas, In the opinion of this college, the use of any illuminating gas which contains more than 10 per cent. of carbonic oxide would be attended with very grave risk to the health and life of the citizens of Philadelphia; therefore be it

Resolved, That the Mayor of Philadelphia is hereby petitioned that if, in his opinion, it be necessary to use water-gas in connection with illuminating gas, that great care be taken to render it certain that the mixture shall at no time contain more than 10 per cent. of carbonic oxide.

Buffalo Lithia Water in the Treatment of Chronic Bright's Disease of the Kidneys.—Three years ago, without having been previously sensible of impaired strength, or of any deterioration of health, I found myself suffering from Bright's disease of the kidneys. My attention was first directed to the existence of renal trouble by dropsy making its appearance

as œdema of the face, particularly around the eyes, and simultaneously in the lower extremities. Examination showed that the urine contained two and a half per cent. of albumen. There was a heavy sediment, and casts and urates were deposited in abundance. This state of things was soon followed by uræmic poisoning, manifested by coma and delirium, and I was confined for many months to my bed, everything pointing to a fatal termination.

Other treatment failing of any permanent good results, I was in this condition put upon Buffalo Lithia Water, Spring No. 2, the good effects of which were soon apparent in a notable diminution of the albumen, a partial disappearance of the dropsy, and a gradual subsidence of the coma and delirium. Under the continued use of the water, there was slow but constant improvement in my condition, until I was so far restored as to be able again to enter actively upon the practice of my profession, in which I have now been engaged for some two years, without any interruption of moment on account of my health. There has been, occasionally, some manifestations of unpleasant symptoms, but I have found them promptly disappear under the influence of the water.

With this experience, I cannot do less than commend this water to the profession, as worthy of trial in similar cases.—Dr. M. M. Jordan, Boydton, Va., in *Virginia Medical Monthly*.

Remarkable Effects of Quinia.—On the 12th day of December, Mr. William B. consulted me for what he termed a "stitch" in the side, being a rheumatoid affection of the intercostal muscles and pleura, causing a pain of a sharp, sticking character at the height of inspiration.

I ordered Dover's powder and quinia sulphate together, with a purgative. During that day and night he took fifteen grains each of the quinia and Dover's powder. Next day I called and found him free from pain, but he said: "Doctor, you should not have given me quinia, because it always goes to my weakest parts." Upon inquiry I found that his "weakest part" was his "penis," and that quinia had previously, on several occasions, caused it to swell up when taken for malaria.

Upon examination I found the prepuce very œdematous, red, and shining. The swelling being so great the glands, which was usually exposed, could not be seen when an effort was made to retract the foreskin, his temperature being subnormal (97¾°), pulse 96, and nervous in character; the cutaneous surface covered with a papular and exanthematous eruption, quite confluent and circumscribed, light rose-red in color, together with a large number of accumulated papules, accompanied by an intolerable itching and burning of the skin, resembling lichen agrius. The portions of the skin most affected were the backs of the hands, forearms, web of fingers, palms, and soles, and internal surface of the thighs. He was quite nervous and trembled upon attempting movement; partial amblyopia. These symptoms lasted about twenty hours, and began to subside; next day disappeared entirely. I attributed the eruption to quinia, but his statement, that on several previous occasions it had produced the same result, caused me a week later to repeat the quinia, giving him three grains every two hours until he had taken fifteen grains. Exactly the same phenomena was reproduced. There being no literature on this subject, I could attempt no further explanation than a peculiar susceptibility of the vaso-motor nerves in this patient to the action of the alkaloid.—F. L. Jenkins, M.D., in *Medical Herald*.

Commencement Exercises of the Medico-Chirurgical College.—On Friday evening, April 6, the Degree of Doctor of Medicine was conferred upon the following gentlemen by the President of the Trustees of the Medico-Chirurgical College: Arndt, O. E. E. (M.D.), Easton, Pa.; Briesenick, Chas. W. (M.D.), Costello, Pa.; Brobst, Charles H., Macungie, Pa.; Cameron, John Lawson, Scotland; Cox, George Washington, Philadelphia, Pa.; Detweiler, Charles A. F. Reading, Pa.; Diehl, Benjamin H. (Ph.G.), Philadelphia, Pa.; Erb, Horace B., Crooked Hill, Pa.; Frankhauser, F. W. (M.D.), Reading, Pa.; Gates, Manley F., Elmira, N. Y.; Greenbaum, L. (D.D.S.), Philadelphia, Pa.; Gubbins, Charles H. (Ph.G.), Philadelphia, Pa.; Hess, R. H., Grantville, Pa.; MacNeil, Wm. (D. D.S.), Paisley, Scotland; Pace, J. Grant, Laceyville, Pa.; Russell, Jacob P., Philadelphia, Pa.; Scarlata, Joseph, Villalba, Italy; Schoettler, Bernard C., Philadelphia, Pa.; Smith, Albert H. (Ph.G.), Philadelphia, Pa.; Trimmer, Harry W., White Haven, Pa. The following prizes were awarded: The Faculty Gold Medal, awarded for the best average on the final examinations, to C. A. F. Detweiler, of Pennsylvania, with honorable mention of Manley F. Gates, New York; O. E. E. Arndt, B. C. Schoettler, H. W. Trimmer, Pennsylvania. In view of the fact that the difference between the two leading contestants for the Faculty Gold Medal amounted to but one-seventh of one per cent., it has been determined that a Special Gold Medal shall be awarded to Manley F. Gates, New York. The Faculty Silver Medal, for the best thesis based on original investigations, to J. P. Russell, Pennsylvania. The prize for the best examination on Surgery, to C. A. F. Detweiler, Pennsylvania, with honorable mention of Manley F. Gates, New York; B. C. Schoettler H. W. Trimmer, Pennsylvania. The prize for the best examination

on Gynæcology, to C. A. F. Detweiler, Pennsylvania, with honorable mention of O. E. E. Arndt, C. H. Gubbins, Pennsylvania; Manley F. Gates, New York. The Gold Star Medal, for the best examination on Anatomy, to Manley F. Gates, New York, with honorable mention of C. A. F. Detweiler, O. E. E. Arndt, H. W. Trimmer, Pennsylvania. The special prize of $100 in gold coin, offered by Dr. Spencer Morris, for the best examination on Differential Diagnosis and Hygiene, was awarded in equal portions by the committee to C. A. F. Detweiler and Manley F. Gates. This prize was competed for by the students of the Medical Department of the University of Pennsylvania and the Medico-Chirurgical College. Prof. Stellwagen delivered the Valedictory Address. At the close of the exercises, the Faculty received and entertained the graduates at the residence of Prof. P. D. Keyser, 1832 Arch Street.

Hamamelis Virginica in Uterine Hemorrhage.—The power of this drug as a hæmostatic entitles it to a higher position among our therapeutic remedies than it has occupied—a position it seems to me superior to the viburnum, hydrastis, or gossypium, and in some cases to ergot. An experience with this medicine, spread over a period of six to eight years, justifies me in expressing a high opinion of its virtues. It is true that it has been utilized for hemorrhages of all parts of the body, nose, air-passages, stomach, bowels, rectum, and kidney, together for menorrhagia, extravasations under the skin, for varicose veins; but my experience is almost entirely confined to this condition of the uterus and the female bladder. Hamamelis does not seem to be equally potent for all kinds and conditions of uterine hemorrhage. For the sudden outburst of a flow, for active, profuse hemorrhage, it is inferior to ergot. But in slow, long-continued flux, where the blood is dark and venous, and the hemorrhage is passive in character—a symptomatology indicative of passive engorgement and relaxation, it is a remedy *par excellence*. These are conditions ever present in flabby, enlarged, subinvoluted uteri, after delivery and abortion; also in some form of chronic endometritis, before or following the removal of fungosities, and in chronic retroversion, some fibroids, etc.

Menorrhagia may still continue in a mitigated form, a metrorrhagia return, even after the local disease of the uterus, exciting them has been improved as far as possible, by local medical and surgical treatment. I could give the history of a number of cases of uterine hemorrhage resultant in fungosities and endometritis hyperplastia, which continued as a menorrhagia modified, but not controlled after repeated curettements (in one case seven times), in which it was finally checked by the internal administration of hamamelis after failure with ergot.

I have also been much pleased with the effect of hamamelis in favorably influencing urinary hemorrhage in several cases of papilloma of the bladder.

There are some worthless preparations of hamamelis; the so-called Pond's extract, and a colorless distilled product, are unworthy of confidence. The best preparation is the officinal fluid extract in doses of a few drops up to two drachms. Larger doses are needed when decided effects are urgent, although very small doses often repeated are recommended.

Hamamelis is somewhat tonic and sedative, slightly astringent, and decidedly hæmostatic. The virtues of the drug cannot reside alone in the tannic and gallic acids which it contains, for equal quantities of these astringents fail to produce similar results. Hamamelis has been extracted from it, but whether this represents the chief active ingredient is uncertain.—C. D. Palmer, M.D., in *Nashville Journal of Medicine and Surgery*.

Tobacco Enemata in Perityphlitis.—More than thirty years ago, in the neighborhood where I was born, in going home on a visit, I was called in to see a lady who was pronounced critically sick. The doctor had just left the house, saying it was no use in trying to do anything more for her; she would die in twenty-four hours or less. I found the patient's abdomen greatly distended; no evacuations from the bowels; she was vomiting coffee-ground material, apparently mixed with fæcal matter. At that time—thirty years ago—no surgeon would think of laying open the abdomen; laparotomy would be regarded as a reckless operation, but it has come into vogue since. I made up my mind that there was such a rigid contraction of the intestinal coats in this case that no fæces could pass through. The patient could not even retain a particle of morphine on her stomach. Well, what do you suppose I advised? I had been reading an article on the effects of tobacco in helping to reduce strangulated hernia, in which it was claimed that if a person got the toxic effect of tobacco, it produced the most complete relaxation that could be imagined. I measured out about two drachms of common chewing tobacco, which they had in the house, told them to pour out a pint of boiling water on it, to stir it up, and let it stand a little while so as to make an infusion; to give one-half of that as an enema, and, as they withdrew the syringe, to bring the nates together so as not to lose its effect. They followed my instructions. I spent a little time out-doors walking around, awaiting the result. They gave the patient a little more than half of the infusion, and I don't think more than twenty minutes had elapsed

before I was called hastily, and was informed that the patient was dying. On reaching the room I found her arms extended; sweat was oozing from every pore; she was in a coma from the sudden, utter relaxation and dulling of the nervous sensibilities; the pulse was extremely feeble; the members of the family were all around the bed, expecting to see her die. Well, the result was, we got what we wanted—a perfect relaxation of every muscular fibre, which, in twenty minutes more, resulted in a copious movement from the bowels. Indeed, the evacuations became so free and frequent that we had to administer anodynes to check the excess. From that day to this, when I find my patients in an extreme condition, and I have been unsuccessful after a thorough trial of other remedies and means, I have suggested a tobacco enema, encouraging the friends or relatives to persevere with it; that, if the first enema failed to produce the desired effect, to repeat them. I have seen the treatment tried over and over again with success; and other remedies I have used with most satisfactory results. In cases where the stomach fails to retain any medicine, I cease troubling it with anything, except now and then, with a spoonful or two of nourishment, and commence to operate in some other way, without resorting to the powerful relaxing effect of tobacco.—DR. N. S. DAVIS, in *Medical and Surgical Reporter.*

SUBSTITUTION AND ADULTERATION.—In regard to substitution and adulteration, it must be admitted that in numerous cases the charge is a true one, and the evil is of growing dimensions. With the reduction in the margin of profits caused by the fierce business competition of the present day, comes the temptation to adulterate or substitute inferior quality. No condemnation can be too severe for the man who thus trifles with human life; and if he cannot carry on his business honestly, he had better abandon it and seek some other occupation.

Again, the outcry is made that the physician is too apt to prescribe various remedies, more or less proprietary in character, put up by large manufacturing concerns and introduced by skilled advertising, and thus require the druggist to carry an endless variety of such articles in stock, many of which are seldom or only once called for, and thus remain a dead loss to the proprietor. But is the physician much to blame? True, he is sometimes imposed upon by the bland and suave canvasser, and the glowing printed endorsements of his professional brethren in favor of some new remedy—*vide* stenocarpine. But when he sees remedies in convenient and compact shape, of appearance much more elegant than those he can procure from the corner druggist, and of at least equal efficacy, is it to be wondered that he should prefer X, Y or Z's manufactures to the oftentime imperfectly prepared remedies of the Pharmacopœia?

And why should the druggist complain? As long as he keeps open store he must submit to the unalterable law of traffic,—namely, the needs of the customer are to be supplied. He will buy Lubin's extracts for Miss Jones and Alfred Wright's for Miss Brown. Why should he not keep Bromidia for Dr. A and Papine for Dr. B? Although he makes a great outcry about being obliged to carry so much stock, he in reality does it to a very limited extent, and, outside of a few standard preparations, shifts the burden on his wholesale druggist and lets him carry the supply for him. Nearly all the large manufacturers have established depots for their goods in the principal cities, and the druggist very rarely lays in a stock outside of his actual present need, unless he is sure of a steady sale. And let him remember also that if he don't keep what is called for, someone else will, and his customers will be sure to go where their needs receive best attention.

And here let a word be said for that much-abused class, the modern manufacturers of pharmaceutical specialties. The medical and pharmaceutical profession owe to them a great debt. It is their industry and their capital which have developed the perfection of the coated pill and the compressed tablet, the pancreatic ferment and the scale pepsin, the smooth and palatable cod-liver oil emulsion and the perfected extracts of malt. To their energy do we owe the modern methods of treating disease with pre-digested and concentrated foods—a plan which has been the means of prolonging many valuable lives. They have spread the fame of American pharmacy over the entire globe, and established its supremacy against all competitors; therefore, let them receive at least just recognition and honor for their labors.—DR. C. L. MITCHELL, in the *Philadelphia Medical Times*, December 15, 1887.

SPECIALISM AND GENERAL MEDICINE.—The relation of specialism to general practice is a delicate and important one. The outlook at one time was not altogether a satisfactory one for either families or the practitioners. It looked as though the family physician was to be a thing of the past, and the organs of the family were to be distributed around promiscuously,—the brain to A, the air passages to B, the eye to C, the ear to D, the kidney to E, the womb to F and the skin to G, and so on,—and that familiarity with and knowledge of the constitution, hereditary tendencies and idiosyncrasies of the family, so valuable to patients and doctor, were to be scattered to the four winds. If it be true that one-half of the treatment of disease depends upon the psychical influence of doctor upon patient,

how important that he should know the patient thoroughly?

I believe that the time is coming when all general physicians will be specialists, and all specialists be family physicians, with but few exceptions. Possibly the eye, and one or two other organs, will receive the exclusive attention of some workers, but always in conjunction with the family physician; for, from the very nature of his work, it will be impossible for a specialist to be other than an aid of the general worker.

Dr. Leortus Connor has well expressed it in the American Lancet: "Like soldiers in the army, each specialist will have his duty, but, after all, the general practitioner, as the general, will have the whole under his direction. From the very nature of his work it will be impossible for a specialist to act as a commanding officer in the medical army. His clients are too transient; his work is related to but a single portion of the body; his studies are in but one line. Hence, it must come to pass that when the medical profession becomes a real power in the community, the general practitioner will be general in deed as well as in name."

After years of work in the broad field of general medicine, each worker will naturally develop special skill and fitness in particular directions; his studies and investigations will tend in the same direction, not, however, to the exclusion of an interest in the general field. Dr. A crystallizes into a man particularly successful in the management of special disturbances connected with maternity. Dr. B expands into the possession of particular abilities in the handling of children's diseases. Dr. C develops individual capacity for wrestling with lesions affecting the nervous or the respiratory system. But each and all continue in their general work, and in a generous and broad-minded way they consult together over the intricate cases which arise in the families under their care. Where special work accumulates to such a degree as to destroy altogether the family practice, the worker becomes almost exclusively a consultant, and in the giving of his special skill to the patient, he does so under the direction of the one in charge—the family doctor, and is as loyally considerate of his duty to him as to the patient.

The consultant called into any case, whether he be in the field of general medicine or one of its branches, must be thoroughly versed in unwritten law which governs gentlemen. He could not well, at a later period, accept service in the family, or, under any circumstances, take that case out of the hands of the physician in charge, except in response to the latter's express wish, coupled with that of the patient or family. A man catering for consultation practice, who sneaks into a family through the generous confidence of the physician in charge, errs grievously, and, to put it mildly, is not far-sighted if he permits himself to supplant the one who trusts him; but he furnishes no argument against consultation on general principles by his ungenerous, unkind, unwise course. All workers in the profession, either general or special, are in honor bound to give their serious and intricate cases, involving doubt as to diagnosis or treatment, the benefit of counsel, prompted thereto by the interests and the sentiment, "As ye would that others should do unto you, do ye even so to them."—I. N. Love, M. D., in *Weekly Medical Review.*

The Annual Meeting of the Alumni Association of the Medico-Chirurgical College of Philadelphia.—The annual meeting of the Alumni Association of the Medico-Chirurgical College of Philadelphia, convened in the college arena on Thursday, April 5th, at 11 A.M., with the President, Prof. William H. Pancoast, in the chair. After the adoption of the minutes of the previous meeting, the report of the Executive Committee was received and accepted. The report included a statement that the membership in the Association during the past year had been more than doubled, and further, that the committee had obtained the consent of Surgeon-General John B. Hamilton, of the United States Marine Hospital Service, to deliver the annual oration before the Association. The committee also added that through the liberality of the Alumni they had prepared a banquet to Surgeon Hamilton.

On motion of Prof. William Waugh, the Alumni of the Old Pennsylvania Medical College, and those of reputable foreign institutions who were desirous of becoming identified with the Association, were recommended for membership, subject to the approval of the Executive Committee. Adopted.

Surgeon-General John B. Hamilton, of Washington, D.C., and Dr. Frank Billings, of Lincoln, Nebraska, were elected honorary members of the Association.

Dr. Billings made a few pertinent remarks, and promised to send the college a collection of patho-biological specimens from the State University of Nebraska, of which he is a director.

The following officers were elected for the ensuing year: President, William H. Pancoast, M.D. Vice-Presidents, William S. Stewart, Jr., M.D. ('87); George A. Wiggins, M.D. ('86); W. X. Sudduth. M.D. ('85); Albert Kolb, M.D. ('84); Henry Fisher, M.D. ('83); P. Appleman, M.D. ('82); M. F. Gates, M.D. ('88). Secretary, John S. Stewart, M.D. Treasurer, George E. Stubbs, M.D. Executive Committee, John V. Shoemaker, M.D., Ch'n.; P. D. Keyser, M.D.; W. S. Stewart, M.D.; T. C. Stellwagen, M.D.;

I. Barton, M.D.; W. H. Ireland, M.D.; F. Fisher, M.D.; H. E. Goodman, M.D.; H. C. Boenning, M.D.; Charles S. Means, M.D.; E. E. Montgomery, M.D.; M. P. Dickeson, M.D.; E. S. Gans, M.D.; T. R. Barker, M.D.; A. Roussel, M.D.; M. Stern, M.D.; B. T. Shimwell, M.D.; J. W. West, M.D.; W. G. MacConnell, M. D.; J. S. Stewart, M.D.; M. H. Cryer, M.D.; J. C. MacCartney, M.D.; C. H. Gubbins, M.D.; J. P. Roussell, M.D.; B. A. Schoetller, M.D.; R. S. Wharton, M.D.

The second session of the Alumni Association was convened at the same place in the evening, and, after the address by Dr. Hamilton, a vote of thanks was proposed by the president, and heartily approved by all present. The meeting then adjourned, and, after a personal introduction to Dr. Hamilton, the members of the Association and other invited guests were conducted to the banqueting-room in the college, which was tastefully decorated with bunting and flags.

During the evening the presiding officer, Prof. William H. Pancoast, called on Surgeon-General Hamilton to respond to the toast: "The International Medical Congress." Speeches were also made by Dr. Frank Billings, Lincoln, Neb.; Dr. Quimby, Jersey City; Professor Garretson, Dr. Thomas Andrews, Henry Budd, Esq., Dr. Levick, Senator William McAleer, Representative R. R. Deardon, C. W. McKeehan, Esq., Professor Pancoast, Dr. Horace Y. Evans, Dr. Thomas Drysdale, Prof. William Waugh, Prof. Frank Wood, Prof. P. D. Keyser, General Merrill, and others.

Dr. J. V. Shoemaker read several telegrams and letters of regret from invited guests, amongst them being the following:—

LOUISVILLE, KY., April 4, 1888.

To Prof. Wm. H. Pancoast, President of the Alumni Association of the Medico-Chirurgical College of Philadelphia:

I congratulate the Alumni Association on the growth of its influence and power, and the Medico-Chirurgical College on the increasing strength of its Alumni. General Hamilton is an able exponent of the noble principles upon which the college and its Alumni Association have organized for mutual advantage. God bless the Medico-Chirurgical College, its Alumni Association, and its orator for 1888.

DUDLEY S. REYNOLDS.

1800 SPRUCE STREET, March 29, 1888.

To the Alumni Association of the Medico-Chirurgical College of Philadelphia:

GENTLEMEN,—I regret my inability to avail myself of your polite invitation to meet Dr. John B. Hamilton at dinner on April 5th.

The Medico-Chirurgical Faculty is the only one on the seaboard of the United States that actively recognized the social obligation incurred by the invitation sent to the Ninth International Medical Congress to assemble in this country.

The success of the meeting of the Ninth Congress, and the prompt publication of its Transactions, is largely due to the labors of the Secretary-General, and, in complimenting Dr. Hamilton on this occasion, the Medical Faculty and the Alumni Association of the Medico-Chirurgical College not only render a deserved recognition of his labors, but also pursue a course which not only gives the College a high position as a Medical School, but also shows their wish to elevate the standard and maintain the supremacy of the American Medical Association that organized the Congress.

I beg you to accept my acknowledgment of the courtesy shown me in your invitation and my best wishes for the success of your association.

Respectfully and truly yours,

HENRY H. SMITH.

43 WEST FIFTY-FOURTH ST., N. Y., April 1, 1888.

To the Alumni Association of the Medico-Chirurgical College of Philadelphia:

GENTLEMEN,—I have the honor to acknowledge the receipt of your kind invitation to the dinner to be given by your Association to Surgeon-General Hamilton, of the United States Marine Hospital Service.

While regretting that a previous engagement, from which there is no escape, prevents my accepting your hospitality, I cannot refrain from expressing my high appreciation of your chief guest. He has satisfactorily performed difficult services requiring the possession of mental qualities of a high order. I regard him as one of the foremost medical men of the day, and one who, if continued opportunity be afforded him, will still more highly distinguish himself as a capable, fearless, and faithful public officer.

May I ask you to convey to him my congratulations on the honor you have given him, and my deep regret that I am unable to meet him on the auspicious occasion.

With great respect, I am, gentlemen,

Yours, sincerely,

WILLIAM A. HAMMOND.

Surg.-Gen. U. S. Army (Retired List).

Telegrams and letters were also read from Dr. A. Y. P. Garnett, President of the American Medical Association; Prof. N. S. Davis, Dr. William Brodie, Dr. Henry O. Marcy, Dr. Frank Foster, Prof. William Pepper, Dean Holland, Dr. George Shrady, Dr. Lewis Sayre, Prof. Wm. Whitaker, Dr. Wm. Judkins, Dr. Wm. Wathen, Dr. M. F. Coomes, Hon. Sunset Cox, and others. At a seasonable hour the Association and friends adjourned for their homes.

SIX CASES OF INTESTINAL OBSTRUCTION.—*Case I.* Female, six years old. Had been ailing several days with sick stomach and looseness of bowels, passing a few large worms (lumbricoids) during this time, taking a few doses of calomel and santonin. On the fourth day of her sickness a tumor suddenly made its appearance in the lower part of the abdomen, in the region of the cæcum, but a little internal to that point. The tumor was as large as a goose-egg would feel through the thickness of the parietes; it was unaccompanied by any increase of temperature, but it was at once apparent that this tumor was causing complete obstruction of the bowel, as after its appearance the discharge from the bowel ceased entirely.

No efforts were made to whip the bowel into activity with purgatives; these were carefully abstained from, the tumor closely studied, the only treatment resorted to being large warm-water enemas, repeated every six hours. After watching the tumor closely for twenty-four hours we became satisfied as to its nature; the absence of fever and of tenderness on pressure excluded typhlitis; the absence of symptoms of shock debarred the idea that the tumor could be due to any sort of knotting or knuckling of the bowel; its location was just a little internal to the cæcum, as though it was just upon the iliac side of the valve; and markings upon the surface revealed the fact that this tumor changed its position slightly. The conclusion drawn from these premises was that the tumor was contained within the bowel near the termination of the ileum, and that, because it felt soft and elastic instead of being hard and nodular, it was composed of a mass of intestinal worms, knotted together, and forming such a bulk as to completely occlude the lumen of the bowel and form an obstacle to the passage of fæces.

The result showed this to be correct, for on the third day of its appearance, after obstructing the bowel during all that time, under the continued use of enemas, with no purgatives, the child passed a mass consisting of thirty-five worms, lumbricoids of large size, and the tumor disappeared. It was evidently lodged in and obstructing the ileum, for, as soon as it seemed to have passed the valve and entered the colon, it was quickly expelled. This case occurred in April, 1878.

Case II. In June, 1883, a muscular laborer, thirty-five years old, lifting with all his strength to raise a heavy piece of timber, suddenly felt a severe pain in the abdomen and fell to the ground. He was carried to his home and suffered great pain all night, with faintness, nausea, and vomiting. When seen by the writer, next day, the pain was still so severe as to demand hypodermic morphia; nausea and symptoms of shock still present. The pain was located in right side of abdomen, was keen, constant, and of a peculiar, sickening character. This pain lasted two days and nights, being relieved only by hypodermic morphia; during this time there was no discharge from the bowels. At the third visit—third day of illness—the man was placed in the knee-shoulder position, and two gallons of warm water slowly injected into the colon; this was done very slowly, allowing plenty of time for the water to find its way along the canal, without producing over-distension and too prompt expulsion, the object being to get it past the ileo-cæcal valve, and to and through the obstruction, if possible.

The condition was believed to be that of volvulus, or a knuckling, bending, or twisting of the bowel, due to violent muscular exertion, and it was hoped by the large injection of water to penetrate to the point of obstruction, thus untwisting or restoring the bowel to its natural condition by the pressure of the fluid within it.

Whether the diagnosis was correct or not, the writer does not pretend to say with absolute certainty, but certain it is that the water went a long way up the intestinal canal, was retained about twenty minutes, then came away in several successive efforts, followed by copious stools of fæcal matter, and the man felt greatly relieved, the pain being gone. Purgatives were withheld, morphia continued, and the patient, much prostrated, was kept in bed eight weeks before he was strong enough to be up and about. As confirmatory of the diagnosis it is worthy of mention that, on the second day after the large enema was used, the man passed, at stool, a small slough about three inches long, from half to one inch wide, but so disintegrated as to make it uncertain as to its origin.

As a criticism upon the management of this case, the writer frankly confesses that, were it to do over again, he would use the large enema of warm water earlier than he did; upon the first day, instead of the third. But, after all, the man got well, and this was our objective point.

Case III. A maiden lady, seventy years old, had been under treatment by a homœopathic physician for three weeks. He said she had inflammation of the bowels. I was told by her nurse that during these three weeks the patient's bowels had been quite constipated, and the doctor had given pills and other kinds of purgatives without getting much effect from them. She had no fever at this time; there was considerable nausea; some vomiting of bilious, watery fluid; bowels had moved a little the previous day, a small and thin discharge, but no motion to-day. Physical examination showed abdomen much distended, tympanitic, and there was an ill-defined sense of fluctuation, but no corresponding dullness. No tumor could be felt. Vaginal

and rectal examination not allowed. Patient was reticent, giving confusing and misleading answers when questioned about her history for the past two or three years. The writer was considerably mixed about the diagnosis, but ventured on giving one small dose of jalap. The next day saw patient again; no motion from bowels, but vomiting increased. Physical condition of abdomen the same, but he was now able, by very careful questioning, to elicit a history of alternating diarrhœa and constipation, extending over a period of two years back. Putting it all together, it seemed to make now a clear case of intestinal obstruction, due to a stricture, and the stricture most probably cancerous. Having reached and announced this conclusion, and operative interference being declined, no medicine was given, as it was plainly useless; the vomiting continued and became slightly stercoraceous. On reaching the house the fourth day the patient had just expired, and an autopsy was at once made. On opening the abdomen the intestines were seen to be very much congested, of dark-red color, their vessels engorged with blood, and the intestines filled with fluid fæcal matter and gas. Just exactly at the sigmoid flexure was a scirrhous cancer completely surrounding the bowel, not forming a very large tumor, but growing in toward and tightly constricting the lumen of the canal. It was with difficulty that a straw could be passed through the stricture after the section of colon containing it had been removed from the body.

Growing there, for perhaps two years or more, it finally reached a point when it so tightly closed the canal that obstruction was the result. Then came the doctor, diagnosing inflammation, and giving repeated purgatives for three weeks, causing the intestinal tube to whip and lash itself against the stricture in vain efforts to force its contents through a passage impermeable to any thing except a few drops of fluid, the whole picture affording a most vivid illustration of the injurious effects of purgatives in any or all conditions of intestinal obstruction.

The stricture could not have been felt by finger in rectum, but with the flexible bougie, aided by irrigation, the diagnosis would have been very clearly made.

This case occurred in March, 1883.

Case IV. In December, 1883, a man, sixty-five years of age, had a most well-marked attack of simple inflammatory spinal meningitis. It was a very interesting case, typical in its completeness, but a detailed account of it would be foreign to the present purpose. Constipation was one of the prominent features, and toward the termination it became more obstinate, resisting repeated strong purgatives. A rectal examination showed a mass of hard, solid fæces blocking up the canal, filling it full, impossible of dislodgment by the *vis à tergo*, and constituting an obstruction to the passage of fæces from above. The sphincter was dilated, and the mass broken up with the fingers, aided by the solvent action of repeated warm-water enemas, until it was all removed and the obstruction relieved. The man made a good recovery and is living yet (January, 1888), enjoying a fair degree of health; but he says he feels as though he had a rope tied tightly around his body. This is very significant of post-inflammatory alterations in the spinal cord.

Case V. In September, 1887, a man twenty-eight years old, previously in good health, was under the care of his physician for a diarrhœa during a week, taking several doses of calomel and salts. At end of this time the writer found him with a frequent, teasing diarrhœa; small, dark, liquid motions; temperature, 102°. A hard, painful, smooth tumor made itself very conspicuous in site of cæcum. Diagnosed typhlitis stercoralis. Put patient to bed; withheld all purgatives; ordered opium sufficient to control pain and diarrhœa; resorted to irrigation of colon by means of fountain syringe and long rectal tube, using a gallon of warm water at a time, and throwing the fluid throughout the entire length of colon and around into the cæcum, directly upon its contents. Diarrhœa ceased at once, fever continued, abdomen became very tympanitic, and the inflammation spread over the peritoneum, becoming quite general. After first injection nothing passed from bowels for six days, except the water as it was thrown in. During this time the irrigation was used daily. On the seventh day fæces came away with the water, after which the irrigation was abandoned, as bowels continued to act spontaneously.

There was at no time any evidence of pus formation to be discovered externally, nor of perforation, but there seemed to be a general peritonitis spreading from the pericæcal region. This reduced the man quite low, but with opium, quinine, good nursing and good feeding, the peritonitis subsided, leaving him very feeble, but free of fever, with fair appetite and bowels acting naturally.

This state of affairs continued about eight weeks, when he again fell ill, under care of another physician. My information is that this time he had some bowel trouble, and there was an acute tubercular invasion of the lungs, which ended his life in about six weeks. It is worthy of special remark that this man's wife was the subject of phthisis for three years; large cavities in each lung. During his first illness he occupied the same room—part of time same bed—with her. She died about the time he recovered. It is to be regretted that no autopsy was allowed;

but the interpretation of the clinical evidence is, that his first illness was an attack of typhlitis stercoralis, an impaction of cæcum causing a diarrhœa; later, obstruction of bowel, perityphlitis and general peritonitis, from which he recovered partially or wholly, after which there was an invasion of acute general tuberculosis—shall we say, an infection from his tubercular wife?

Case VI. A man, forty-four years old, subject of a recent attack of acute nephritis, on Monday morning, January 16, 1888, took a dose of salts; it failed to act; Tuesday night three large doses of castor oil failed to act; Wednesday, three one-drop doses of croton oil, an hour apart, but bowels did not move. There was no pain except what was caused by the croton oil; no evidence of any organic mischief, volvulus, etc.; pulse 80 to 85, temperature 100°. His bowels had always been very regular, and the present obstinate constipation was explained only upon the basis of an impaction somewhere in the intestinal canal. Wednesday, at noon, after two ounces of castor oil and three drops of croton oil had been taken in twenty-four hours without other result than pain and nausea, purgatives were withheld, and the man was put upon morphia, one-fourth grain, with calomel and ipecac, half grain each every four hours, while irrigation of colon with large quantity of warm water, through a long rectal tube, was practiced every six or eight hours. This was kept up until Saturday, 8 P.M., when, with the water, came away some hard, solid masses of fæcal matter, after which the bowels gradually resumed their normal functions. The first twenty-four hours the motions were liquid and very offensive, and two of them contained a bloody, gelatinous mass, as though it might have come from somewhere in the bowels where there was considerable irritation, and probably the seat of impaction.

Remarks.—The teaching of the six above cases is, to add some emphasis to the practice of withholding purgatives and giving opium or morphia in cases of intestinal obstruction. Of whatever the kind or character of the obstruction, to whatever cause it may be due, only harm can come from giving purgatives. The more insurmountable the obstruction, the greater is the harm done by purgatives, as was well illustrated in the autopsy upon the case of stricture of sigmoid flexure (Case III). No one who had seen the conditions there presented would ever want to give purgative medicine in a case of intestinal obstruction.

While obstruction due to more trivial causes, as Cases I and VI, do better and are rendered more comfortable by opium, they are more safely conducted to a favorable issue by the "splinting" treatment of opium than by the whipping, lashing treatment of purgatives. The opium treatment with irrigation, and, in some cases, probably massage, is the best that we can do for these cases short of laparotomy.

And here a word upon irrigation: Judiciously employed it is a most valuable aid, second to none in many conditions. Properly used, the water should be carried up the colon by a long rectal tube, allowing a little to escape at the end so as to distend the gut in front of the advancing tube. By this means a tube, or rather a soft, flexible rubber pipe, may be passed through the entire length of the colon, down into the cæcum, delivering the fluid there, and affording the surest means of passing water through the ileo-cæcal valve, if desired. The common, stiff, hard, rectal tubes sold in the shops are worthless, and worse, they are dangerous, and should not be used under any circumstances. A piece of soft, flexible rubber drainage-tubing, the end beveled with scissors, twenty-four to thirty-six inches long, answers every purpose, and makes an excellent instrument.—ROBERT N. TAYLOR, M.D., in *American Practitioner and News.*

BOOK REVIEWS.

Accidents and Emergencies: A Manual of the Treatment of Surgical and other Injuries in the Absence of a Physician. By CHARLES W. DULLES, M.D. Third edition, revised and enlarged, with new illustrations. Cloth, 12mo., pp. 123. Philadelphia: P. Blakiston, Son & Co., 1888. Price, 75 cents.

Just what the author advises the reviewer has done, viz., "The instrument he has constructed" has been read through at least once, carefully and studiously. "The acquaintance of its suggestions" has prompted him to hide the "instrument" away out of sight, so that in case of "sudden necessity" it will not be handy, preferring in in many cases to take the chances rather than the treatment. A third edition of an "instrument" should be wanting as regards evidences of haste in preparation but in the emergency incident to its construction, accidents have been unavoidable. Some of these are in the nature of personal peculiarities, of lapses, and should be eliminated or reconstructed. As an illustration, take the section referring to hartshorn: "Its use by the nose everybody is familiar with" reminds us of the school director's advice to the teacher, "that a preposition is not a good word to end a sentence with." But the writer does not take kindly to the use of hartshorn by the nose, as his nose rebels against it as an abuse. Trousseau was advised to apply hartshorn to the posterior portion of the pharynx for the relief of asthma, but

the first patient upon whom he experimented became very much excited and told him he would die,—an event which at that time appeared quite probable. He therefore discontinued its use in that direction. Our author doubtless means, "everybody is familiar with the use of hartshorn by inhalation." Of rhubarb, he says, "It is useful at the beginning of a diarrhœa in children, as it empties the bowels of what irritates them. Why not say, "as it is good for what ails them?" If the book is to be handed around from house to house, why not come down to ordinary neighborhood gossip?

The instructions regarding poultices are minute in the extreme, as the following extract will show: "Then, when it comes to be removed, it will come off easily, all at one time, and not leave any behind to stick to the skin." No statement of fact could be more definite or exact, but it would be elegant and sufficiently explicit if more compact. Suppose Mr. Poultice, applied *secundum artem*, "comes to be removed," wearing a plug hat, patent-leather shoes, and a gingham umbrella with a rent in it, can there be any doubt, if it comes off easily, all at one time, that any will be left behind? *Ergo*, none can possibly stick to the skin. Whatever prompted our author, in the construction of an "instrument" of this character, to precipitate upon an unsuspecting and confiding public such gibberish is past finding out.

As to the directions given, many of them are very good, but the substance may be embraced in a few words: Always carry with you a keg of laudanum, constantly on tap, and you are fully equipped for the successful treatment of accidents and emergencies.

Essentials of Chemistry and Toxicology, for the use of Students in Medicine. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the University of New York; Professor of Chemistry and Toxicology in the University of Buffalo; Professor of Chemistry and Toxicology in the University of Vermont; Member of the Chemical Society of Paris and Berlin, etc. Second edition. New York: William Wood & Co., 1888. Pp. 294.

It seems scarcely fair to call this little volume a second edition, as compared to the first it is to all intents and purposes a new book. It is well and ably written, and is without doubt one of the best books of its class upon this subject. Dr. Witthaus evidently knows the needs of his students, and was determined they should have what aid he could give. We object to this class of books, deeming them of little value to an intelligent, honest student, and of great aid to the lazy, indifferent ones, for it gives them the means of procuring a superficial knowledge upon an important subject to pass an examination satisfactory to themselves, without entailing much labor. This volume is one of "Wood's Pocket Manual" series.

Transactions of the College of Physicians of Philadelphia. Third series, vol. ix. Cloth, gilt top, pp. cdxiv—203. Philadelphia: printed for the College, and for sale by P. Blakiston, Son & Co., 1887.

Perhaps one of the most highly prized volumes of the coming century will be vol. ix of the "Transactions of the College of Physicians." The first two hundred pages is devoted to an elaborate history of its origin and originators, and the manifold difficulties encountered for a period of one hundred years; and, coming from the pen of that most charming writer, Dr. Ruschenberger, the cold facts of history are warmed into life and feeling, bordering on enchantment; at least, it seems so to one who feels the spirit of progress, and who, when taking in the advances of a century in medical science, delights in fancy to look forward to the close of another hundred years. The pathway leading up to the issue of this magnificent volume at the end of the first centennial has been one of thorns, hedged around with difficulties; but perseverance has conquered all and brightened the prospects for the future. Owning the second largest medical library in the new world, the College has now sufficient funds to make its position independent and constantly supply its members with the intellectual pabulum demanded by the activity of the times. No less than one hundred pages are required to give a list of the Fellows, with the positions they have held, who have been elected during the century ending in January, 1887.

Dr. Henry Hartshorne contributes an interesting memoir of the late Dr. Edward Hartshorne, well known for many years as the accomplished *litérratteur* and distinguished physician, and for thirty years medical examiner of the Penn Mutual Life Insurance Company of this city. An acceptable memoir of Dr. Albert H. Smith is contributed by Dr. James Tyson, and one of Dr. Squier Littell, by Dr. D. A. Hall; but one of the most delightful papers in the whole volume is the enthusiastic biographical sketch of Dr. Austin Flint, by Dr. Da Costa.

The scientific papers contributed during the year ending June, 1887, with the discussions thereon, cover two hundred pages, and are of the class generally coming before societies, all of them well written and valuable communications; but space prevents further reference.

The publishers have spared no expense in its mechanical execution, the result being a sumptuous volume, worthy in every way of the Society.

COMMERCIAL NEWS.

Hostelley's Syrup Hydriodic Acid.

We would again call the attention of the readers of The Medical Bulletin to the product of Messrs. W. H. Hostelley & Co., of this city. Their Syrup Hydriodic Acid is rapidly becoming deservedly popular. A want has long been felt for a stable product of Hydriodic Acid, to take the place of iodide of potash, when that salt causes nausea or irritates the stomach, as it frequently does. Their product is superior to any we have seen, and we believe that a trial of it will convince any physician of its eligibility and superior therapeutic value. A postal address to the manufacturers will bring you a half-pound sample bottle free (express charges excepted).

Thrown from His Horse; Double Fracture of the Lower Jaw; A Remarkable Case.

On the 29th of August, 1887, I was thrown from a horse and suffered a double fracture of my lower jaw and was laid up unable to eat anything but liquid food for over four months. My physician, Dr. Williams, of San Francisco, had about every variety of patented infant's and invalids' food, which were sent him as samples, by different manufacturers, and I had full opportunity to test the different articles. During the four months I tried everything, even beef tea, and I can state emphatically that your Lactated Food was much superior to anything else. For awhile I used the different foods indiscriminately, but finally settled down and used only yours, and cared for no other, and dropped my beef tea and eggs entirely. I am not sure that I used your food in the "orthodox" manner, as I used two or three heaping tablespoonfuls of food mixed with about a quart of milk, after boiling until the first foam was over and then drinking as soon as sufficiently cooled. I kept fat and hearty on your food, and the taste was always pleasant and extremely self-satisfying. All the other foods soon became insipid and I felt hungry within an hour after eating, but with yours four times a day proved amply sufficient.

The fact that your food will support a full grown man with nothing else to aid it speaks volumes for it as a complete food.

Yours, very truly,

H. G. Wilshire.

Los Angeles, Cal., January 11, 1888.

Ergot *vs.* Viburnum Compound, as a Parturient Accelerator.

"Ergot, as a parturient accelerator, once considered so essential in obstetrics, is to-day acknowledged to be unreliable and often dangerous by inducing violent spasms and sometimes hour-glass contractions. The uncertainty of its action and often dubious quality are causing the more cautious and experienced practitioner to lay it aside as a rejected drug. The Viburnum Compound of Dr. Hayden is always safe in all stages of labor, acting as a uterine tonic, aiding and not forcing nature. The Viburnum Compound checks violent hemorrhage, prevents spasms and puerperal convulsions, promotes capillary action and greatly relieves the anxiety of the patient, adding much to her safety and her comfort."—*Optimus*.

The advertisement of the Western Land and Investment Company Limited has been a conspicuous one in our columns for some time past, and we presume it has been frequently noticed by our readers. The company has been doing a very successful business, and it is making a special effort to bring to the attention of physicians the peculiar advantages of Western Farm Mortgages over Eastern investments. The company in order to facilitate its business has recently made a combination with the Guaranty Investment Company, of Atchison, Kansas. This combination makes the united companies far stronger financially than before, and the very best class of securities to be had in Kansas and Nebraska can now be furnished.

Henry A. Riley, Esq., the former general manager of the Western Land and Investment Company continues in charge of the Eastern office, at No. 191 Broadway, N. Y., and he will be glad to inform physicians fully in regard to the investments offered.

Beautiful Chemical Preparation.

A snow-white mass of Caffeine, the active principle of coffee (200 pounds, and of great value), is now on exhibition in the window of William R. Warner & Co., 1228 Market Street. This beautiful crystallization represents ten tons of coffee, and is used as an ingredient in the preparation of Bromo Soda prescribed for the cure of headaches, migraine, nervousness, sea-sickness, etc.—*Philadelphia Inquirer*.